



Computer Account Application Form

**All information is required. Incomplete forms will not be processed.**

This application is for:     A new account                       Renewal or change of information

Full Name (Last, First, Middle Initial): \_\_\_\_\_

Department: \_\_\_\_\_

Office Address: \_\_\_\_\_

Office Telephone: \_\_\_\_\_ PSU Access Account ID: \_\_\_\_\_ @ psu.edu

<b>User Category:</b> (Select One Only)	<input type="checkbox"/> Graduate Student – Demography	<input type="checkbox"/> Faculty
	<input type="checkbox"/> Graduate Student – Other: _____	<input type="checkbox"/> Staff – Full Time
	<input type="checkbox"/> Work Study	<input type="checkbox"/> Staff – Part Time (wage payroll)
	<input type="checkbox"/> Other: _____	

Why are you applying for an account? \_\_\_\_\_

STUDENTS ONLY

Who is your advisor? \_\_\_\_\_

For which PRI faculty are you doing research (if any)? \_\_\_\_\_

Are you using the account for a class (if yes, which class?) \_\_\_\_\_

*Student accounts must be renewed annually or at the beginning of the fall semester.  
Accounts not renewed by that date will be removed.*

I agree to abide by the licensing agreements governing the use of all software on this system in addition to the policies of the University and department regarding computer use. I understand that this account is for **my use and my use only**, and **my password must never be given to anyone for any reason**, without written consent from the Director.

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return this form to the bin outside room 804 Oswald Tower. We will notify you via email when your account is ready.**

DO NOT WRITE BELOW THIS LINE

Username: \_\_\_\_\_ Group: \_\_\_\_\_ Date: \_\_\_\_\_

Notes: \_\_\_\_\_ Form executed by: \_\_\_\_\_