



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

User Category:

(Select One Only)

☐ Graduate Student – Demography

☐ Graduate Student – Other: _____

☐ Work Study

☐ Other: _____

☐ Faculty

☐ Staff – Full Time

☐ Staff – Part Time (wage payroll)

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: _____