Request for Engineering Account
Engineering College Computing

This form is to be submitted by faculty, staff or students requesting use of Engineering College Computing resources. The completion of this form does not guarantee the resources will be made available. Permission will be given on a case by case basis at the discretion of the Director.

(Please print)

Name: _____ **Date:** _____

UT ID #: R_____ **Phone:** _____ **Room :** _____

Department: _____

❑ Faculty
❑ Staff

- ❑ Full-time
- ❑ Part-time through _____ (date)
- ❑ Visiting through _____ (date)
- ❑ Temporary through _____ (date)

❑ Student Organization _____
Organization Name, Name of Officer and Title

❑ Special Purpose_____

_____

_____

_____

Approved: _____ Date: _____
(Director of Engineering College Computing)

Please return this form to:
Engineering College Computing, NI 1010