CLASS ACCOUNT CREATION REQUEST

Forms not filled out properly cause a delay in processing. Accounts will be active during the applied semester. Use blue or black pen to fill out this form.

Instructor:  Phone:  
First Name  Last Name

Campus:  Department: 

Course Number & Section: 

Course Name: 

E-mail Address: 

Number of Students:  Semester:  Year: 

To which computer center are you submitting this form?

☐ University Hall  ☐ Dreyfuss  ☐ Dickinson Hall  ☐ Bancroft Hall

Instructor assuming responsibility for students:

_________________________  ____________________
Signature  Date

Computer Center Use Only.

Created by:  Date:  Pickup by:  Date:  
Node:  Account prefix:  Mailing List:  

Revised 7/2012