## **UNIVERSITY SYSTEMS AND SECURITY**

## **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 1	Name L	ast 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		Date		
Computer Center Use Only.				
Created by:	Date:	Pickup by:	Date:	
Node:	_ Account prefix:	Mailii	ng List:	