ECE Unix Account Request

Name:___________________________________________________________________

First (Personal Name)       Middle Initial       Last (Family Name)

Office:_______________________ Office Phone:_________________________________

I am (a/an):

_____Electrical Engineering Graduate Student

_____Computer Engineering Graduate Student

_____ECE Faculty

_____ECE Staff

_____Visitor or Other:_____________________________________________________

specify title/position

Faculty Advisor/Sponsor's Name:____________________________________________
(if Graduate Student, Visitor, or ‘Other’)

University of Minnesota email address:____________________________________@umn.edu

Email will be sent to this address when ECE account (same login/username) is available.

• By signing and submitting this form, I agree that:

  ○ I will not share the account with anyone else. Each user has his or her own account.

  ○ The account privileges end when graduation occurs, registration is not made for the
    next semester, or employment is terminated.

  ○ I will not attempt to access data or computer systems that I am not authorized to use.
    I will use the computer with consideration for other users at all times.

  ○ I am responsible for all actions that occur from this account.

• Signature:_________________________________________ Date: ________________

• Advisor/Sponsor's signature:______________________________________________

Return this form to the receptionist in the ECE office.