CEARS Workstation User Account Request Form

(Undergraduates must have special class or project with signature from Faculty advisor)

Applicant Name: _____

Office Phone: _____ Home Phone: _____ Office Number: _____

Major Professor (if graduate student): _____

Department: _____

Project Description:

What software do you expect to use?   (ARC-INFO, Imagine, SAS, etc.)

Would you like to be entered into the card reader system for after hours access? _____

If Yes, what is the number on your Hokie Passport? _____

Account Information - **PLEASE PRINT CLEARLY**

What is your PID (this will be your username in lower case): _____

Password requested: _____
ALL PASSWORDS MUST BE AT LEAST 8 CHARACTERS WITH AT LEAST ONE NUMBER AND AT LEAST ONE CAPITOL LETTER AND THEY MUST NOT RESEMBLE YOUR PID - NO EXCEPTIONS

Applicant Signature: _____ Date: _____

Faculty Advisor Signature (if undergraduate): _____

(Please return form to Les Fuller in 216 Cheatham Hall when completed)

For Administrative Use Only

Date received: _____ Date installed: _____ By: _____

Username: _____ Password: _____ Group: _____