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Application For Account On Departmental Computing Facilities

Bring completed form to Rob Ross in Kaiser 4101. You will be asked to choose a sufficiently complex password containing uppercase letters, lowercase letters, digits, and punctuation.

Part A: To be compl	eted by user				
Name:	First and Middle Names		Last Name		
Department / Organization:					
Student / Employee Number: Mailing Address:	UBC Only	Ph	one:		
Category Of Use:	○ Masters Research	O PhD Research	○ Course	EECE	Course Number
	○ Faculty	○ Staff	Other		
I hereby agree to abide by the	Acceptable Use Policie	es (UBC Policy 104; s	ee http://unive	rsitycou	ınsel.ubc.ca).
Signature:		D	Pate:		
Part B: To be completed by faculty advisor					
Full Name:					
Account To Be Charged:		User Termination D	Date:		
Signature:		D	Pate:		
Part C: To be completed by system administrator					
System Administrator:		Account Na	ame:		
Mailing Lists:		Account Creation D	Date:		
Faculty / Staff Homedir:	Yes	Deactivation D	oate:		