



Return your signed completed form to ITS Service Desk, Internal Mail **H37** or Fax: **9214 5406**

<b>APPLICANT DETAILS</b> (* indicates a required field which <b>MUST</b> be completed)		(Use <b>BLOCK</b> letters)
<b>* First Name:</b>	<input style="width: 95%;" type="text"/>	
<b>Middle Name:</b>	<input style="width: 95%;" type="text"/>	
<b>* Last Name:</b>	<input style="width: 95%;" type="text"/>	
<b>* Campus:</b>	<input style="width: 95%;" type="text"/>	
<b>TENURE DETAILS</b>		
<b>U3A Account</b>	<b>* Expiry Date:</b>	<input style="width: 40px; text-align: center;" type="text"/> / <input style="width: 40px; text-align: center;" type="text"/> / <input style="width: 40px; text-align: center;" type="text"/>
<b>NB: Max ONE(1) year before renewal required</b>		
<b>ACCOUNT DETAILS</b> (Existing Users Only)		
<b>Existing Username:</b>	<input style="width: 95%;" type="text"/>	
<b>ACKNOWLEDGEMENT OF RESPONSIBILITY</b> <i>(to be read and signed by the applicant)</i>		
<p>I, the undersigned, acknowledge that I have read and understood the Information Technology Systems Access and Use Policy** and that I agree to adhere to the policies and statutes detailed therein. I understand that if I misuse any Swinburne facilities or breach any of the laws pertaining to computer crime (Section 76a of the Crimes Act) my computing privileges may be removed and I may be subject to prosecution in a criminal court.</p>		
<b>*Signed:</b>	<input style="width: 400px; height: 20px;" type="text"/>	<b>*Date:</b> <input style="width: 40px;" type="text"/> / <input style="width: 40px;" type="text"/> / <input style="width: 40px;" type="text"/>
<p>**The Information Technology Systems Access and Use Policy is available from the Service Desk or via the Swinburne Home Page            (Refer to URL: <a href="http://policies.swinburne.edu.au/ppdonline/">http://policies.swinburne.edu.au/ppdonline/</a> )</p>		
<b>COURSE COORDINATOR</b> <i>(to be read and signed by applicant's Course Coordinator)</i>		
<p>I, the undersigned, as an <b>authorised</b> signatory, affirm that the above staff member requires the designated computer access.</p>		
<b>*Name:</b>	<input style="width: 400px; height: 20px;" type="text"/>	<b>(USE BLOCK LETTERS)</b>
<b>*Signed:</b>	<input style="width: 400px; height: 20px;" type="text"/>	<b>*Date:</b> <input style="width: 40px;" type="text"/> / <input style="width: 40px;" type="text"/> / <input style="width: 40px;" type="text"/>
<b>ACCOUNT CONFIRMATION AND INFORMATION</b> <i>(ITS OFFICE USE ONLY)</i>		
<b>Remedy:</b>	<input style="width: 150px;" type="text"/> INC:	<b>Account Name:</b> <input style="width: 400px;" type="text"/>