



**AMERICAN UNIVERSITY OF SHARJAH
Information Technology Department**

User Network & Email Account Request Form

PART A: To be filled by the USER

Banner ID:	@	Title: ()Mr. ()Dr. ()Mrs. ()Ms.	() Faculty () Staff
First Name:		Middle Name:	Last Name:
Department/School:		Job Title:	Building:
User Signature :		Date:	(dd/mm/yyyy)

You will receive your Network and Email passwords from ITD. It is recommended to change both passwords when you first login.

PART B: To be filled by Dean / Head of Department

▶ **Please give the above user an access to our department/school shared folder in U:\:**

Please identify folder name(s): _____

▶ **Please add the above user to the following E-mail groups:**

Tick (✓) where applicable:

Building Name: (Where the office is located) _____

Department: Please specify _____

Neighborhood Group: _____

OTHERS: Please specify _____

Director/Dean Approval:

_____ Name & Signature _____ Department Stamp & Date (dd/mm/yyyy)

"Call Center Stamp"

PART B: To be completed by ITD

Network & Email ID (default is first letter from first name and full family name):

USERNAME:		PASSWORD:	
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Folder Name (Each user has a network folder in U:\):

GIVEN BY:

_____ Engineer's Name _____ Signature _____ Date (dd/mm/yyyy)