

COLLEGE OF NURSING STUDENT ACCOUNT

Name (Print Clearly) _____

Student ID Number _____

Date of Graduation ____/____/____

Degree (circle all that apply) **Undergraduate** **Graduate** **Informatics**

____ Check if this is a status change (you already have a nursing account and any of the above information has changed)

I understand that the use of College of Nursing computer hardware systems and computer network resources are restricted for work/student related activities.

I will not attempt to override or break the security of the computer systems and/or the network. I understand that if I engage in these activities that I will forfeit my account and my actions will be reported to the police and the appropriate student, staff, faculty, or campus authorities for disciplinary action and sanctions.

I will not use the services associated with the account for illegal or improper purposes. This includes, but is not limited to, using unlicensed software, illegal copying of software and e-mail impersonation, harassment or fraud. I understand that if I engage in these activities I will forfeit my account and my actions will be reported to the police and the appropriate student, staff, faculty, or campus authorities for disciplinary action and sanctions.

I guarantee that all personal software existing in my account is either owned or licensed directly by me. All software, data or other information stored in my network account or hard drive is subject to deletion without warning or notice. I understand that the College of Nursing Information System (CONIS) cannot backup the hard drive in each computer system. If assigned a computer hardware system, I am responsible for the backup of data stored on that local hard drive. If assigned a computer system, I will not remove the computer from the building without authorization from the Business Affairs Office personnel.

I understand my computer network account will expire on the date of graduation shown above. If left blank, it will expire two and one-half years from the date of creation, or on the day of termination from the College of Nursing. All information left in the account on the expiration date is deemed property of the College of Nursing and shall be deleted or saved at the discretion of the computer network administrator. The computer network administrator shall not be held liable for deleted information.

Signature of Applicant

I, the undersigned, will abide by the terms of the agreement as set forth above,

_____ Date: _____

Office Use Only

Account Creation Date: _____

Username: _____

Password: _____

Tech Initials: _____

_____ Pmail Dir

_____ Pmxf.ini

_____ Groupwise Alias

_____ Distribution Lists