

MIE ACCOUNT REQUEST FORM

	Full Name:		
ELUT ÆVO	Student ID#:	Office Room#:	Phone:
Anbon	UTORid:	U of T Email:	
	his account provides acces	ss to MIE-VPN, research software and MIE newide MIE e-mail service.	etwork.
Account type	e: (Please check one)		
Faculty		Graduate Student Post-Doc	☐ Visitor
Other (pl	ease specify):		
•	Name	Signature	
ne authorizing	Name supervisor acknowledges the		support costs incurred by the user.
he authorizing	Name supervisor acknowledges the	Signature hat he/she will be responsible for payment of any	support costs incurred by the user.
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pplicant: agree to abide ttps://www.prohe Departmen	supervisor acknowledges the ture, supervisor can e-mail the ture, supervisor can e-mail the Name, Date by the University of Torontovost.utoronto.ca/planning-treserves the right to suspendities are provided by resear	Signature hat he/she will be responsible for payment of any he approval to computing@mie.utoronto.ca Signature to policies on Appropriate Use of Information an policy/information-communication-technology-ind or terminate accounts suspected of inappropriate.	ad Communication Technology. appropriate-use/ iate use. ng Services staff.

Email form to computing@mie.utoronto.ca. Supervisor may approve by email in lieu of signature.