CityU Computer Systems Laboratory

PC NETWORK ACCOUNT--- REGISTRATION FORM

User Name: __________  Staff/Student ID: ________________

Dept/Course: __________  *Course Code: ________________

@ Software to be used: __________________________________________

User Signature: __________________________________________

*Supervisor: ________________ ( )

Date: ___________________

* - For student use only  @ - Filled if any  [ ] - tick as appropriate

Office Use Only

Assigned Account: __________________________________________

Group: ____________________________________________________

Password: ________________________________________________

Authorized by: ____________  Date: _______________________

To User (PC Network account)

User Name: ____________  Account: __________________________

Password: ______________________