New User IT Request

This form is to be completed **after** having submitted the WIN Account Request Form. Send this completed form to helpdesk@winthrop.edu at least **two weeks** before the new user's start date in order to have equipment ready.

First Name:					
Last Name:					
Username:					
Office Location	on (Room#/B	uilding):			
Phone Numb	er:				
Adjunct/	Part Time	Full Time/FTE			
Mac		PC			
			Access Leve READ READ READ READ READ READ	READ/WRITE READ/WRITE READ/WRITE READ/WRITE READ/WRITE READ/WRITE READ/WRITE	
If access to m	nore shared d	lrives is needed, please inc	clude those as an	attachment.	
Software nee	eds:				
Adob	e				
Math	nematica				
SPSS					
SAS					
Othe	r (list):				
Telecom need	ds:				
Does	user need a	landline telephone?:	YES NO	ALREADY PRESENT	
What	t is the phone	e extension for this user?:			
Supervisor:			Date:		
New User:			Da	ate:	