



Faculty/Staff Account Request Form – WIN

SECTION 1: User Information

First name Middle name Last name

Preferred First Name: _____ Mother's Maiden Name: _____

Office Phone: _____

SECTION 2: Winthrop Employee Information *(Please skip if external contractor)*

Winthrop ID (CWID): _____ Title: _____

Office Building & Number: _____ Department: _____

Start Date: _____ Alternate Email: _____

SECTION 3: Employment Status

- Full-time Winthrop employee with benefits
- Part-time Winthrop employee or adjunct
- External contractor

NOTE: *User accounts for part-time employees, adjuncts, and contractors expire on October 1st. Extensions may be requested annually by Supervisor/Chair.*

This application is for a user account in the WIN Domain. You will be responsible for protecting your interactive sessions and passwords. Please be sure to complete the cyber security training within one week of notification or your account may be disabled.

- Choose a unique password that cannot be guessed.
(Use a mix of numbers, special characters, letters; upper & lowercase).
- Do NOT give your password to anyone, including IT!
- Do NOT write down your password.
- Never allow anyone access to your account.
- Log out or lock your session whenever leaving a workstation.

SECTION 4: Agreement Certification

"I am a member of the Winthrop Community. I agree to abide by the instructions above for securing my interactive sessions and passwords. I have read and understand the Winthrop University Policy on the Appropriate Use of Information Technology Resources (the AUP). I understand and accept the "Enforcement and Penalties" sections for violating the AUP."

User Signature Date

If you forget your password or believe someone has obtained your password, call 803-323-2400.

For information on safe computing practices or to view a copy of the AUP, please visit www.winthrop.edu/technology