

## Biomedical Engineering Computer Account Request Form

### Requester Information

<b>Student Name</b> _____ <b>Students Status</b> (for undergraduate) <input type="checkbox"/> Undergraduate/ <input type="checkbox"/> Graduate <input type="checkbox"/> Freshman/ <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior/ <input type="checkbox"/> Senior	<b>Buckeye ID</b> _____ <b>BME Affiliation</b> <input type="checkbox"/> BME Major/ <input type="checkbox"/> BME Minor (Home department) _____ <input type="checkbox"/> Others _____ <b>OSU Email</b> _____
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### Course Information If this request is related to a course offered at BME: yes; no

<b>Course Number</b> _____ <b>Course Type</b> <input type="checkbox"/> Undergraduate/ <input type="checkbox"/> Graduate <b>Instructor</b> _____	<b>Course Name</b> _____ <b>Quarter</b> <input type="checkbox"/> SP / <input type="checkbox"/> WI / <input type="checkbox"/> SU / <input type="checkbox"/> AU <b>Year</b> 201____
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### Justification of a Non-course Related Request

### Request Detail

<b>Room Access</b> <input type="checkbox"/> Undergraduate Computer Lab / <input type="checkbox"/> Graduate Computer Lab <input type="checkbox"/> Others _____	<b>Start Date:</b> ____ (mm)/ ____ (dd)/201____	<b>End Date</b> ____ (mm)/ ____ (dd)/201____
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### Approval

<b>Instructor's Signature</b> (The instructor must be a core faculty or a joint faculty of BME)	
_____	Date _____
<b>System Manager's Signature</b>	
_____	Date _____

### Record Tracking

<b>The Access to</b> <input type="checkbox"/> Undergraduate Computer Lab / <input type="checkbox"/> Graduate Computer Lab / <input type="checkbox"/> Others _____ <b>is granted to the student on</b> ____ (mm)/ ____ (dd)/201____, <b>and is terminated on</b> ____ (mm)/ ____ (dd)/201____
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