



IT Services Visiting Staff Account

ITS-F20

The IT Services Visiting Staff Account provides visiting staff with a University e-mail address and access to IT facilities (including IT Services computer workstations, printing etc.) and to other resources available on the university campus network.

Note:

- This form should be completed by staff having visiting staff status at the University of Malta. Staff requesting to renew their existing visiting account should also complete this form.
The IT Services Visiting Staff Account will expire after a period of one year from date of account creation.
The e-mail address allocated to visiting staff will have the following format: Applicant: Norman Zammit E-mail address: nzamm01@um.edu.mt
Applicants are requested to send/present the completed form at IT Services Reception Desk (back entrance of Main Library building). Opening hours: Monday-Friday 08:30-12:15 & 13:15-16:30

SECTION A (to be completed by Visiting Staff)
Title: Mr. / Ms. / Dr. / Prof. Academic Administrative/Technical
ID Card / Passport No.:
Name & Initial: Surname:
Address:
Tel. (Home): Tel. (Office): Mobile:
Faculty/Institute:
Department:
Post: Existing e-mail address (if any):

Continued overleaf...

IT Services Visiting Staff Account Agreement

I, the undersigned:

- understand that access to IT Services facilities and the University e-mail address allocated by IT Services is being provided to me for academic and university-related work and are subject to University/IT Services acceptable use policies.
- am aware that University/IT Services may send official notices to my University e-mail address. Notice of expiry of this account and procedural information for account renewal will be sent to me on this e-mail address. Accordingly, I agree to regularly monitor messages sent to the University e-mail address and will ensure that the allocated e-mail quota is not exceeded.
- have read the IT Services Rules at www.its.um.edu.mt/rules (or available on separate sheets on request), and agree to subject myself to them.
- agree to indemnify University/IT Services and its staff against any claims arising out of my use of the IT Services account. It is my responsibility to maintain my own backup copies of data stored on IT Services facilities.

Date: **Applicant's Signature:**

SECTION B (to be completed by Head of Department)

I, the undersigned, confirm that the applicant is visiting staff at the department that I am responsible for.

Surname: **Name:**

Date: **Head Signature:**

For Office Use Only

Date Received:

Authorised:

Date Sent:

AUG2007