



**REQUEST FOR
DEPARTMENTAL/FACULTY/STAFF WEB ACCOUNT**

Web Account Request

(Circle One) Departmental Faculty Staff

Date: _____

Faculty/Staff Member: _____

(Circle One) Full Time Part Time _____

Department: _____

Email Address: _____ Phone Extension _____

Office Location: _____

I affirm that this account is requested to provide instructional content for my classes at Prince George's Community College. I have received and agree to the Faculty World Wide Web Procedures and recognize that inappropriate use may result in suspension of account access. Any complaints regarding web page content will be referred to the dean for resolution.

Signatures:

Faculty/Staff Member

Date

Department Chair Concurrence

Date

This form must be signed by the faculty member and the department chair.

Return the form to: Technology Support Services
NabilAbujuma
Bladen Hall 105

You will be notified by email when your account has been established.

For Use By TSS Only:

Account: _____ Initial Password: _____

Technician _____

Date User Notified: _____