

NJIT UCID Computing Information Form

PLEASE PRINT CLEARLY

I am a(n):

___ adjunct instructor: Class & section: _____ ___ visiting research scholar

___ temporary employee ___ external consultant ___ other - Explain: _____

All fields are mandatory. Once completed, signed & received at the IST Computing Helpdesk (Room 47 Student Mall, fax 973-596-2905) your information will be added to the database within one business day.

After your information is added to the database, please go to <http://newaccount.njit.edu> to create your NJIT UCID and other computing accounts.

Full Name:

(First, Middle Initial, Last)

Social Security #:

NJIT Department:

Date of Birth:

(month, day, year)

Home Zip Code :

Contract Expiration Date:

(if no date is entered, account will expire at end of current semester)

Current email address:

I hereby acknowledge that the above individual is currently affiliated with our department and that all information is correct.

Signature of Department Chair or Mgr

Phone #

Date

Printed Name of Department Chair or Mgr