

NJIT UCID Request Form

PLEASE PRINT CLEARLY

This form is to be filled out by department chair or manager. All fields are mandatory. Once completed and signed please drop this form off to Student Mall, Room 47 or fax to 973-596-2905. Once processed the new UCID can be claimed by visiting <http://newaccount.njit.edu>.

Request is for a(n):

Adjunct

Visiting Research Scholar

Temporary Employee

External Consultant

Other - Explain:

Visiting Scholars: Must fill out the [CARF Form \(Courtesy Appointment Form\)](#)

First Name:

Middle Initial:

Last Name:

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:

Phone Number:

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

Signature of Department Chair or Manager

Phone #

Date

Printed Name of Department Chair or Manager