



Extension to UniSA Network and IT Services

This form is for requesting an extension of access to the UniSA computer network and other IT services.

Note that authorisation from your lecturer/tutor/course coordinator or program director is required.

PTO for lodgement details

Part A: Personal details

Student ID:

Mr/Miss/Ms/Mrs:

First name(s):

Family name:

Contact Email Address:

Part B: Extension/s Requested

<input type="checkbox"/> Computer Network	Start Date*		End Date	
<input type="checkbox"/> Email Account	Start Date*		End Date	
<input type="checkbox"/> Wireless Network	Start Date*		End Date	
<input type="checkbox"/> Access Student Computer Pools	Start Date*		End Date	
<input type="checkbox"/> myUniSA Student Portal	Start Date*		End Date	
<input type="checkbox"/> Internet Access	Start Date*		End Date	
<input type="checkbox"/> Printer Access	Start Date*		End Date	
<input type="checkbox"/> Library Access	Start Date*		End Date	

*leave blank for an immediate start date

Part C: Details of Request

A request to extension of Network and IT Services is only granted under exceptional circumstances. The University is governed by strict licensing requirements and cannot enable access for non-academic purposes. Please provide precise details of the reason for this request and include justification for End Date/s in Part B, e.g. completing assessable course requirements beyond the standard enrolment period.

Empty text area for providing details of the request.

Note. A Request for extension to a Service, such as access to the Computer Pools, will not be granted for reasons such as personal use or to consume student-funded Quota balances.

Student Declaration

I understand and agree that access is granted on the condition I honour the University's contractual obligations with regard to the use of and copyright of computer software. I agree to observe the Acceptable Use of Information Technology (IT) facilities Policy (Available from <http://www.unisa.edu.au/policies/policies/corporate/C22.asp>).

Student Signature:

Date:

Lecturer/Tutor/Course Coordinator/Program Director Declaration

I certify the applicant is a student of the University of South Australia, and that the student extension requested is for academic purposes directly related to the course of study, as reflected in Part C, where I am the lecturer/tutor for this student. I am authorised for the provision of this extended access to be charged to this Division, School or Unit

Staff members name:

Position:

Division/School/Unit:

Phone Extension:

Staff members signature:

Date:

LODGING YOUR APPLICATION**With Campus Central****In person****City East**

Campus Central
Level 3
Playford Building

Mawson Lakes

Campus Central
Ground Floor
A Building

City West

Campus Central
Ground Floor
Yungondi Building

Mount Gambier

Regional Centre Office
Wireless Road
Mount Gambier SA 5290

Magill

Campus Central
Level 1
B Block

Whyalla

Campus Central
Ground Floor
Main Building

By post

University of South Australia
Campus Central – (name of campus)
GPO Box 2471
Adelaide SA 5000

By fax

City East	(08) 8302 2466
City West	(08) 8302 0590
Magill	(08) 8302 4090
Mawson Lakes	(08) 8302 3550
Mount Gambier	(08) 8735 1460
Whyalla	(08) 8647 6082

OFFICE USE ONLY**Campus Central**

Date received:

Received by:

I acknowledge that this request is an extension to the standard Student Lifecycle SIAP Business Rules having confirmed the student's record as currently being in a status that does not constitute the access requested above

Date processed:

Processed by: