Name: ___________________________________________ Date: ___________________________
last name, first m.i.
BUID _____________________________________ Phone: _____________________________

Reason for the request:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Course Professor's / Advisor's Name: ________________________________
Course Professor's / Advisor's Signature: _______________________________

Note: Requests will not be processed without the appropriate faculty signature. Please return this form to the Information Technology Front Office.

Please check one: ACS: ________________ ENGC: ________________ people.bu.edu: ____________
Login-name: ____________________________

Type of Resource Being Requested:
Disk quota increase - (specify in 1mb increments):
Print quota - (specify: in dollars):
Addition to a new group (UNIX only) specify group(s):
Other resource - please specify:

For Office Use Only
Login Name: ____________________________ Reason Rejected: ____________________________
Approved group(s): ____________________________
Approved changes: ____________________________
Approved by: ____________________________ Date: ____________________________
Installed/Processed by: ____________________________ Date: ____________________________
Given by: ____________________________ Accepted by: ____________________________