Application for Network Connectivity for Contractors & Visiting Academics

We are pleased to provide network access to your PC/Laptop at Mount Royal University. We want to agree on the level of service we can provide and the expectations that we have for this to work most efficiently. Please complete the following form then scan and e-mail it as an attachment to: itservicedesk@mtroyal.ca. Your request will be reviewed and you will be contacted with further information after we have assessed your computer/laptop.

First Name: [   ]   Last Name: [   ]   Local: [   ]

Department: [   ]   Email: [   ]

I have a: ☐ MAC   ☐ PC   and it is a   ☐ Desktop   ☐ Laptop

MAC address of the computer: [   ]

Rationale: [   ]

I agree that:

1. I will ensure that I comply with the Acceptable Use Policy for University Computer Resources.

2. Representatives of the ITS Department have permission to create an Administrative level account on my PC/MAC.

3. Representatives of the ITS Department will have permission to access this computer in order to configure any settings that may cause problems for the network now and anytime in the future.

4. A current up to date antivirus software must be on the system and maintained.

5. All software that resides on this computer is and will be fully licensed to the owner of the system.

6. MRU software cannot be installed on this system. Owner is responsible for purchase, installation and maintenance.

7. MRU domain network resources are **not** available (i.e. network drives, printers, etc.).

8. Any expense related to connecting this computer to the network will be covered by my department.

9. I also understand that ITS is not responsible for any machine maintenance, upgrades, or repairs that may be required by my PC/MAC.

10. This form does not cover PD, research or MRU employee PC's.

11. If I do not comply with the above conditions, ITS has the right to terminate my network connection.

If you need more information please call the IT Service Desk at 440.6000.

Client Signature/Print Name:

_____

Department Head Signature/Print Name: Email: [   ]

_____

IT Authorization/Print Name:

_____

Date: [   ]

Network Connectivity for Personal Computers