

Request for UniAccount

new application

renewal for

limited to ¹

IT Servicezentrum
Universität Kassel
Mönchebergstraße 11
D-34125 Kassel

Applicant Information

Form of address (Mr / Ms)*	Title	Surname, Name*	
Office address (location, building, floor, roomnumber)			
E-Mail (@uni-kassel.de)		Phonenumber	
Function ²		Date of Birth*	
Institute / Faculty		Personal-Nr.	Contract start date
Cost Center Administrator / Supervisor		Cost Center	

I agree to the terms and conditions of the IT Servicecenter and the regulations of data protection (<http://uni-kassel.de/intranet/themen/arbeitsplatz-u-personal/am-arbeitsplatz/datenschutz.html>), copyright / licensing law on copyrighted material (text, image, audio).

Both Signatures are required for further processing

Date	Signature Applicant	
Date	Surname, Name Cost Center Administrator	Signature Cost Center Administrator

Filled out by IT Servicezentrum

UniAccount	Activationcode	Limited to
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Date	Signature
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¹ limitation until further notice: maximum one year

² Few words, e.g.: lecturer / project collaborator / PHD candidate / etc.

* mandatory field