

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.

Please refer to the back 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			
Please note that access to library databases and online journals or Office 365 cannot be extended. Due to licencing requirements a student must be enrolled in a current course to have access to these resources.			
□ Email	Start Date*	End Date	
Note: email access can only be provided to students who are active in their program or officially on leave			
□ Computer pools	Start Date*	End Date	
□ Library facilities#	Start Date*	End Date	
□ On campus Internet	Start Date*	End Date	
□ Printers	Start Date*	End Date	
□ myUniSA Student Portal	Start Date*	End Date	
*leave blank for an immediate start date # extension only provides access to borrow books, library computers and print material in the library; not access to licensed databases and online journals			
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.			

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 hono about the use of and copyright of computer software. I agree to obsert Technology (IT) facilities Policy (Available from http://www.unisa.edu.agreeth.com	ve the Accepta	ble Use of Information	
Student Signature:		Date:	
Lasturar/Tutor/Course Coordinator/Dreaman Director Deck	avation		
Lecturer/Tutor/Course Coordinator/Program Director Declar			
I certify the applicant is a student of the University of South Australia, for academic purposes directly related to the course of study, as reflected to this student. I am authorised for the provision of this extended acceptable.	cted in Part C,	where I am the lecturer/tutor	
Staff members name: Position:			
Academic Unit: Phone Ext		nsion:	
Staff members signature:		Date:	
LODGING YOUR APPLICATION With Campus Central			
City East City West Magill Campus Central Campus Central Lovel 3	By post University of South Australia Campus Central – (name of campus) GPO Box 2471		
Playford Ruilding leftrey Smart Ruilding B Block	Adelaide SA 500	1	
	By email ask@campusce	entral.unisa.edu.au	
OFFICE LISE ONLY			

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:	