

Cluster Account Request Form

Technical Services Center
5500 Wabash Avenue
Rose-Hulman Institute of Technology
Terre Haute, IN 47803-3999

Today's Date: _____

Instructions: Please date the form above and complete the items below. Be sure to answer each question as thoroughly as possible and return to the TSC Help Desk.

1. **Name:** _____
First Middle Last

2. **Notify by:**

Email: _____

Campus Box: _____

Phone: _____

3. **Account Type:**

Faculty/Staff

Course --- Course ID: _____ Estimated No. of Students: _____

Undergraduate Student --*Advisor Signature Required: _____

Graduate Student --*Advisor Signature Required: _____

4. **Expiration date of account:** _____

5. **Does this account have any special requirement (e.g., limitations on the maximum number of nodes or length of job)? Please explain:**

6. **Give a brief description of the computing project:** _____

Return this form to the TSC Help Desk (G139)

Do not write below this line. For WCC use only.

Changed by: _____ Date: _____

Other Information: