COMPUTER (EMAIL) ACCOUNT REQUEST
for Club, Department or Activity Organization
Ohio Wesleyan University Information Systems

ACCOUNT NAME: ________________________________

Minimum six, maximum eight characters

DESCRIPTION: ____________________________________________

SUPERVISOR’S FULL NAME: ________________________________

Please print

DEPARTMENT: ________________________________

CAMPUS PHONE: __________________________

REQUESTER’S FULL NAME: ________________________________

Please print

USERNAME: ________________________________@owu.edu

DATE: ________________________________

RETURN COMPLETED FORM TO: Diane Manns, Information Systems
R.W. Corns Building, Room 119 (1st floor)

A temporary password will be created for this account. CHANGE THIS TEMPORARY PASSWORD the first time you use it.

For instructions on changing passwords, please refer to: http://helpdesk.owu.edu/howto.html