

# USI NAMED USER (LICENSE) ACCOUNT REQUEST

Type of request:

New Named User\*: \_\_\_\_

Retired/Delete User: \_\_\_\_

E-mail or fax completed form to:

Attn: Registrations Manager

702 Langdon St, Madison, WI 53706 or

Fax (608) 265-3163 or

E-Mail to [registrationsmanager@pyle.wisc.edu](mailto:registrationsmanager@pyle.wisc.edu)

Last Name:		First Name:		MI:	Work Phone:
E-mail:			Job Title:		
Dept Name:		Office Address:		City, Zip:	
Department Number:					

### Requested Role/s:

(check applicable role/s)

<b>Logon Access:</b>	<input checked="" type="checkbox"/> UWEX or UWMSN Application User (Named)	<input type="checkbox"/> UWEX Registration & Cashiers Staff	<input type="checkbox"/> UWEX Administrator
----------------------	--	---	---

Role (explain generic role and use of USI if unsure of above roles):

### TERMS OF THIS AGREEMENT

Your password is intended for your use alone and you must not disclose your password to anyone. Your password verifies your logon identification and you are responsible for keeping it confidential. (This term does not apply for the one shared named user login recommended per department.)

Your Password will be required to be changed every 90 days and meet established standards.

Your use of University computing resources is restricted to authorized University of Wisconsin business.

You may only use your access to registration data for which you have specific authorization.

Violation of these terms may result in disciplinary action or legal action or both.

Logins not used for more than 9 months will be inactivated.

I HAVE READ THE ABOVE TERMS AND AGREE TO THE TERMS

User signature	Date	Supervisor Approval	Date
----------------	------	---------------------	------

### REGISTRATIONS DEPARTMENT USE ONLY:

Registration Staff Approval (Pyle)	Date	Administrator Completion (Pyle)	Date
------------------------------------	------	---------------------------------	------

\*See second page for description.

# USI NAMED USER (LICENSE) ACCOUNT REQUEST

## Named Users

- Users who need to do entry in the system i.e. people who may enter a contact for marketing purposes or interest codes.
- IT staff who manages any interfaces to stand alone systems with USI (i.e. EPD, DCS & Exec Ed)
- Users who need to see every program for a specific program area and not just programs they may be working on or listed as a director/coordinator on.
- Marketing staff who may need to query the database across many programs and historical data.
- Each department is assigned a specific number of named users (licenses) based on volume of system use and staffing levels.
- We strongly recommend that each department maintain one named user (license) for a shared user login. This will help with access to the system for students or customer service staff who may work in your area on a limited basis.
- Roles will be restricted for departmental named users so certain areas of the application are not accessible (i.e. taking registrations, cancelling registrations, making payments etc.).
- Most named users will have a login with the format firstinitial, lastname, 211 (i.e. ahowaniec211) and enter the application with a password. Again we recommend each department establish at least one shared login for common use (i.e. registrations211, uwepd211, uwexeced211 etc.).

You will receive an e-mail with instructions from USI once your named user login processing is complete. All named users will also automatically be set up for an internet login and will receive an e-mail from our System Administrator once that process is complete.

Additional information will be provided for user materials and training available as well as a link for report only access.

Name:	Print or type the name of the user
Contact Information:	Complete the contact information
Department Number:	(formerly UDDS) UW Extension example 41 3400 UW Madison example 86 8100
Login ID Request:	For new requests you will receive an e-mail notifying you of your login and instructions to activate your login. For existing login changes or deleting a login enter the current login for the individual.
Department Authorization:	Immediate Supervisor/Director Signature.