

SAHLGRENSKA AKADEMIN INSTITUTIONEN FÖR NEUROVETENSKAP OCH FYSIOLOGI

Application for an external x-account to access IT resources within GU, such as the Staff Portal, network etc.

			Last name:			
Swedish Social Security Number:		Title: Phone/Mobile No:				
E-mail address:						
Research group/U	Init/Department (C	GU) including	address:			
Main employer:						
Duration	3 months	s 6	months	12 months	18 months	24 months
I wish t	hat my name a	nd contact of	details will be d	isplayed on G	U's external web	(www.gu.se)
	ake to comply			Gothenburg (G	U's) IT facilities	
					on from the Unive ary and/or crimina	
	on of this form	, please sen	d it by e-mail to	o your <u>Author</u>	ization Administra	ntor.
After completion						
•	D OUT BY YO	OUR DEPA	RTMENT			
ГО BE FILLEI		OUR DEPA Yes:	RTMENT No:	Time	period:	
ΓΟ BE FILLE Γο be displayed external web?				Time	e period:	
ΓΟ BE FILLE! Γο be displayed external web? Fitle in POP:	d on GU's ad of Departme	Yes:		Time	e period:	
ΓΟ BE FILLE! Fo be displayed external web? Fitle in POP: Decided by He	d on GU's ad of Departme	Yes:		Not appro		ion to GU