

Assistance and Service Center (ASC) Help Desk
Center for Information Technology Services (CITS)
University of Maryland, Baltimore
601 West Lombard Street, Room #LL06
Baltimore, MD 21201
410-706-HELP (4357)
help@umaryland.edu

UMnet Registration Form

UMnet
Account ID: _____

Center for Information Technology Services Use Only

SCHOOL OF PHYSICAL THERAPY PLEASE TYPE OR PRINT NEATLY

Student ID Number: @ _____

First Name _____ Middle Initial _____ Last Name _____ Jr/Sr/III _____

Home Address _____

City _____ State _____ Zip _____ Phone _____

Work phone number (if applicable) _____

Alternate e-mail address (if applicable) _____

DPT_E (Year of Graduation) _____ PhD (Year of Admissions) _____

DPT_PP (Year of Admissions) _____

DPT_T (Year of Admissions) _____

Expected Graduation (MM/YY): _____

Expected Degree: _____ Joint degree program? If yes, describe: _____

IDENTITY VERIFICATION QUESTION/ANSWER:

Please provide us with a question we can ask you to verify your identity when you call to ask questions about your account.
(Examples: Where did you go to high school? What was the name of your first pet? What is your favorite food?)

Question we will ask you: _____

What is the answer to the question above? _____

In accepting your UMnet account, you agree to abide by the rules and guidelines that govern network usage at the University of Maryland, Baltimore. It is important that you read and understand the policy documents on the ASC Help Desk website.

I certify that I am fully aware of the appropriate provisions of the Annotated Code of Maryland, Article 27, Sections 45A and 146*, relating to the illegal access and the unauthorized manipulation of data using computer resources and understand the associated punishment for such crimes. (A copy of these documents may be obtained by calling CITS at 410-706-HELP). In addition, I certify that I will abide by the campus Responsible Computing Rules of Use and the Usage Guidelines and Policies for UMnet Accounts.

Signature of Account Holder

Date