

Courtesy Account Application Non-Employee, Non-Student (NENS)

To apply for access to campus services, complete this form and have it signed by your sponsor (Dean, Director, Department Head, designee, HR manager, or Business Manager). Return the form to the UMass Amherst Information Technology Help Center, LGRC lowrise, Room A109 or Fax to 413-545-4196. **Do not email a NENS form.**

For renewal requests please, do not fill out this form. Instead, have your sponsor send an email to dol@umass.edu.

If you are not a US citizen and do not have a Green Card, do not fill out this form. Instead, apply through the International Programs Office. Not all NENS are eligible for a UCard. Go to the IT website (www.umass.edu/it) for details. If you have any questions, please call IT User Services 413-545-9400 (option 1).

Applicant Information:

Today's Date (MM/DD/YYYY): _____

Applicant's last name: _____

Applicant's first name: _____

Applicant's middle initial: _____

Applicant's date of birth (MM/DD/YYYY): _____

Applicant's social security number (9 digits): _____

Applicant's home address: _____

Applicant's current non-UMass email address: _____

Best telephone number to contact applicant: _____

Applicant's proposed department: **UMCCTS** _____

Applicant's proposed title: _____

Account Information:

NENS Type (Check one below – continued on next page):

- Pre-employee-New Employee not yet in the HR system
- Research Assistant –Hired on a Grant not administered by UMass

- Adjunct –For adjunct or visiting Faculty
- Basic/Visitor/ Volunteer
- University Affiliate-Long term on campus but not UMass employees (Mullins and Donahue)
- Campus Partner- USFW, 5 College, Religious, UMass Extension, UMass Foundation, University Store
- Contractor/Vendor

Expected applicant start date: _____

Anticipated usage duration for this account (may not exceed 3 years): _____

Preferred E-Mail Type (Check One):

- Default E-Mail
- Exchange Mail

Sponsor Information:

A sponsor must be one of the following: Dean, Director, Department Head, designee, HR Manager, or Business Manager

Sponsor's full name: _____

Sponsor's department: _____

Sponsor's title: _____

Sponsor's email address: _____

Sponsor's phone Number: _____

Signature: _____

Sponsor SPIRE # or NetID: _____

Alternate sponsor contact (email or phone): _____

IT Staff Only:

Date Processed: _____

SPIRE ID #: _____

Entered By: _____