

BENNETT COLLEGE NETWORK ACCOUNT FORM

Procedures:

- 1) Complete the form below
- 2) Return the completed form in a sealed envelop to MIS, Box 82
(Campus mail)
- 3) When your account is setup you will receive notification by campus mail.



Name: _____
Last First MI

Staff ____ Faculty ____

Job Title _____

Reporting Manager _____

Department Name (if staff or faculty) _____

Your username will be a combination of your first initial and your last name. Your username will be a part of your email address.

**Password _____

** (Your password must be at least seven (7) characters. Do not use names, words or phrases commonly associated with you and do not share your password. Try to use a combination of numbers, symbols and letters. You will be responsible for all activity in your account.

Signature _____ Date _____