Change Notification for the Use of the Center's Computing System

(For faculty and staff who have USN and @kit.ac.jp Domain)

To:	Director	$\circ f$	Center	for	Information	Science	Kvoto	Institute	$\circ f$	Technology
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	Director of control for information coloner, hydro incoloner of recinional								
			UID						
	Username		(to be filled						
			in by CIS)						
	Affiliation		Ext.#						
	Title		Full Name						
	Employee Number		ruii Name						

Reason(s) for Change		1	$\square 3$	$\Box 4$		5			
- Change	1	End Date	yyyy / mm / dd						
	2	New User Information	Affiliation						
			Title						
			Employee				Ful	l	
			Number				Nam	ie	
			Ext.						
T::11 : 1	3	Purpose of							
Fill in where you		Use							
check among the	4	E-mail alias	@kit.ac.jp(@kit.jp)						
checkboxes above		E-man anas	Termination Date yyyy / mm / dd						
				Person	in	Affiliat	ion		
		Usage Fees		charge	of	Title	;	Full	
				payme	nt	Ext.#	‡	Name	
	5	Payment In Person in				Jurisdic	tion		
		1 015011 111	. 01141 50	Budget	et	Resour	ce		
						Purpo	se		

To be filled in by Center staff

Date of reception	yyyy / mm / dd	Staff	
Date of reissue	yyyy / mm / dd	Staff	
Tem	porary Password		