

# Application for Associate IT Account



Faculty of Medicine

<http://www.med.uio.no/english/>

## For applicant

First Name:

Last Name:

Gender:

Female  Male

Citizenship:

Home Address:

Postal Code:

Mobile ([Password sent via SMS](#)):

Employer:

Norwegian ID (11 digits):

*If you don't have a Norwegian ID #, please provide:*

Date of Birth (dd.mm.yyyy):

Passport Number:

Expiration Date of Account

From:

To:

Please provide additional information, including cooperation on projects with the University of Oslo:

## Consent Statement and the Signature

*I acknowledge with this:*

- I have read and understood the university's IT regulations;
- I will use the university's IT resources in a loyal manner;
- I understand and accept that personal information about me will be available at the university's personal system;
- I will be listed in the university's online directory, which is the primary source of contact information about the institution's staff.

Signature:

## For management

Gjesterolle

- Emeritus  Ekstern konsulent  
 Gjesteforsker  Ekstern partner  
 Bilagslønnet  Sykehusansatt

Stedkode:

Slutt dato for engasjement:

Invilget av:

Tittel:

Referansenummer:

Brukernavn:

Dato:

Signatur: