

UNIVERSITY OF DUBUQUE
Office of Technology
AGREEMENT FOR USE OF THE COMPUTER SYSTEM

TO BE COMPLETED BY APPLICANT:

Full Name: _____ University ID # _____

Faculty Staff Student Other _____

Check all of the following that apply:

- | | | |
|------------------------------------|-------------------------------|--|
| <input type="checkbox"/> Fulltime | <input type="checkbox"/> UD | <input type="checkbox"/> Graduate |
| <input type="checkbox"/> Part-time | <input type="checkbox"/> UDTS | <input type="checkbox"/> Undergraduate |

If Faculty or Staff, Department _____

Campus PO Box or Address: _____ Campus Phone: _____

Permanent Address: _____

Permanent Phone: _____

I hereby acknowledge that permission is granted to me by the University of Dubuque for academic, non-commercial use of the computing and communications facilities made available through the University of Dubuque program for academic and administrative computing. The resources include access to the University of Dubuque computing system, associated peripherals and files, and telephone and network access, according to the terms described here.

I further acknowledge that permission is granted for use of all licensed software on the network according to the regulations set forth here by the University of Dubuque for the use of such software. I understand that use of such software is governed by the terms of licensing agreements between the University and the software licensors, and I agree to abide by the terms of those agreements. I expressly acknowledge that these software programs are proprietary and may therefore be subject to copyright or patent restrictions as defined in the license agreements. I agree not to copy, disclose, transfer, or remove from the network or computers any licensed software.

I also agree not to use any of the University of Dubuque computer systems, including any of its communications facilities and services, in any way which is unlawful, unethical, or which in any way diminishes or interferes with the use of those systems by others, or which is intended to do the same. I agree to be guided by the *Acceptable Use Policy* published by the University of Dubuque. I acknowledge the right of the management of the Office of Technology to remove immediately those files intended for any such misuse. I further acknowledge the right of the University of Dubuque, and its designated staff, to inspect, when necessary as a function of responsible system management, all disk files stored on the computing facilities.

The University will take reasonable efforts to back up all data and files saved on the University servers. I understand that these files are removed every semester and I agree that I am responsible for the permanent retention of my own files. The University assumes no liability for data lost or destroyed. The University of Dubuque does not guarantee computer systems to be safe from system errors or operator failures.

I understand that upon violation of the terms of this agreement, The Office of Technology retains the right to deny future computing privileges. I understand that I may also be subject to further disciplinary action by the appropriate disciplinary body, as well as legal action by the owners and licensors of proprietary software for violation of copyright laws and license agreements.

Print Name: _____ Date: _____

Signature: _____

If Faculty or Staff, HR Signature: _____