STANFORD UNIVERSITY / DEPARTMENT OF MUSIC / STANFORD CA 94305-8180 / (415) 723-4971 / FAX: (415) 723 8468

CCRMA User Registration Form

Login Name _____ (up to 8 letters, lowercase only) Date: _____

When you choose your password keep in mind you should not use any of the information in this form as a password! Good passwords have both uppercase and lowercase letters, digits and punctuation characters and should be reasonable easy to type. Don't use any word you can find in a dictionary. Two words separated by numbers or punctuation charaters is usually a good choice. If your password is guessed by the sysadmin your account will be immediately disabled...

Name:_____

Local Address: _____

_____

Permanent Address: _____

_____

Local phone: _____ Work phone: _____

Birthday: _____

CCRMA Status:

Staff ____ Faculty ____ Visiting Scholar ____ Guest ____

Registered Stanford Students:

Undergrad: ____ Major: _____ Advisor: _____

Graduate: _____Degree Program: _____ Advisor: _____

CCRMA Courses:

120 ____ 151 ____ 154 ____ 192A B, or C ____ 192 D ____ 220A, B or C ____

220 D ____ 319 ____320 ____ 420 ____ 421 ____ 199 ____Summer Workshop _____

Areas of Interest, Projects: _____

In aquiring this account, I agree to abide by the rules and protocols set up for users of the CCRMA facilities and agree not to give out my security codes. I am aware that as a user of the CCRMA facility it is my responsability to help mantain the security of the facility.

Signature of user: _____

Signature of Faculty Sponsor: _____

Expiration Date (mandatory): _____ Done: _____