UCIrvine

UCI Sponsored UCInetID Application

Please fill out the form online, print and fax or send it to the appropriate department listed below.

Volunteer Medical Faculty	College of Medicine or UCIMC Affiliates	All Others
Joe Lam	Joe Lam	OIT Help Desk
104 Med Surge 1, ZOT: 6120	104 Med Surge 1, ZOT: 6120	Physical Sciences Quad
Fax: (714) 456-5708	Fax: (714) 456-5708	ZOT: 2225
		Fax: (949) 824-7264

Full Name of Sponsored Applicant		
First Name	Middle Name	Last Name
Personal Information		
Date of Birth (MM/DD/YY)	Social Security Number	
Other Contact Information		
Work Phone	Current Email Address	Title (of Sponsored Applicant)
Departmental Information		
Sponsor Department	Department Code (6 digit code)	
Expiration		
☐ 1 ☐ 2 ☐ 3 ☐ 4		
Number of Quarters (Check One)		

Sponsored UCInetIDs are assigned to individuals affiliated with UCI in support of UCI activities (visiting faculty, collaborative academic efforts, volunteer work, etc.). Please briefly describe this person's affiliation with UCI:

Sponsor's Information

Sponsor's Name   Sponsor's UCInetID

I certify that the person I am sponsoring is affiliated with UCI in accordance with the Sponsored UCInetID Policy.

The policy is available at: http://www.nacs.uci.edu/ucinetid/sponsored/

Sponsor's Signature   Date