

Complete this form and return it (in person) to the OIT Helpdesk located in DH-151. You must present a valid Queens College ID card with this form. This form will not be processed if incomplete &/or illegible. All **signatures required**. Please allow **2 to 3 business days** from the date ID card and eligibility are verified for processing.

**QC Status**

 Full Time

 Part Time

 Faculty

 Staff

**Personal Information (PLEASE PRINT LEGIBLY)** (full legal name as registered with Queens College)

First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last Name \_\_\_\_\_

Department \_\_\_\_\_ Department Acronym \_\_\_\_\_

Bldg \_\_\_\_\_ Room # \_\_\_\_\_ Campus Phone (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_

**Intended Use**

A Google account is a Generic Department account on the Google system. You must activate your individual personal faculty/staff MyMail (aka QC Username or ADS) account via the CAMS webpage in order to access this Generic Google account. If you do not have a faculty/staff MyMail account then please go to the CAMS site at <http://cams.qc.cuny.edu> & click on the green “get started and sign up” link to activate your account.

This new Department Google account will come with the following benefits:

- Google Sites - Websites and ePortfolios
- Google Drive – Unlimited Online Cloud Storage and Collaboration
- Google Classroom – Course Management System
- Google Calendar – Scheduling

For more information: <http://ctl.qc.cuny.edu/google-apps-at-qc/>  
and <http://ctl.qc.cuny.edu/claim-qc-google-apps-account/>

**Format of Google Email account will be: Q<department acronym>** (Maximum 20 characters long)  
ex: QOIT

**NOTE: You must already have activated your faculty/staff QC Username**

My Queens College email address is \_\_\_\_\_@qc.cuny.edu

**Departmental/Program Google Account (on the MyMail system)**

Name of Department &/or Program \_\_\_\_\_

Brief Description of how this account will be used \_\_\_\_\_

Format of Google account address: **QC.<dept acronym>.GAPPS@qc.cuny.edu**

**All signatures required**

User Signature: \_\_\_\_\_ Date \_\_\_\_\_

Name of Dept. Head or Sponsor or Chairperson (Please print) \_\_\_\_\_

Office Head or / Sponsor or /  
Chairperson Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please return this form to the OIT Helpdesk so that it may be signed/dated by an OIT Helpdesk representative.**

**OIT Use Only**

ID card Verified by \_\_\_\_\_

Date \_\_\_\_\_