INFORMATION + TECHNOLOGY SERVICES
REQUEST FOR ACCESS TO THE AMS SYSTEM – DIVISIONAL MROL
My Research on Line for PI, PM & Business Officers

CONFIDENTIAL when completed

Current Date _____________________ 20______

INSTRUCTIONS

i. Print clearly.
ii. Complete all applicable sections.
iii. Keep a copy of this form for your records.

Section 1: Complete the following information to identify yourself.

Check one: ☐ Setup new account ☐ Add/Delete PI Fund Centre(s)

AMS User ID: ____________________________ Personnel No. __________________________

Applicant Last name (Please print): ____________________________
First name: __________________________
Initial: __________________________
Phone No. __________________________

Faculty/Division: ____________________________
Department: ____________________________
Email: __________________________

Please indicate your role: ☐ PI ☐ Business Officer ☐ *Project Manager

*For Project Manager -- please print PI first and last name and Personnel No.

PI Name: ____________________________
PI Personnel No.: ____________________________

Section 2: Fund Centre -- Enter the PI commitment fund centre(s) and mark for addition or deletion.

<table>
<thead>
<tr>
<th>Commitment Fund Centre Number</th>
<th>Description</th>
<th>Addition</th>
<th>Deletion</th>
</tr>
</thead>
</table>

Section 3: Contact Person. Form must contain department contact person or Business Officer info.

Person to contact (Please print): ____________________________ Title: ____________________________ Phone No. __________________________

E-Mail address: ____________________________

Authorization Signature

SECTION 4: SIGNATURE
For PI or Business Officer role, form must include Department Head’s signature of approval.
For Project Manager/Assistant role, form must include PI’s signature of approval.

Applicant signature: ____________________________ Date: __________________________
PI or Department Head’s Name (Please print): ____________________________ Title of PI/Department Head: ____________________________
PI or Department Head’s Signature: ____________________________ Univ.Tel.#: ____________________________ Date: __________________________