



RESEARCH GRANTS PORTAL APPLICATION

Please forward completed original form to Melbourne Research and Innovation Office

APPLICANT DETAILS: (Please Print Clearly)

Given Names: _____ Family Name: _____ Position Title: _____

Email Address: _____ Telephone: _____ User Name: _____

Employee No:

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 Department Name: _____ Dept No:

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AUTHORIZATION LEVEL:

Level of Access – select one only: University/Super User Faculty Department
NOTE: Authorization of access is required by: MRIO Dean Head of Department

Duration of Access: _____ Start Date: _____ End Date: _____

APPLICANT DECLARATION:

I acknowledge the University regulations 8.1.R 7 and 8 on the use of computing and communications facilities. I agree that I may only access The University of Melbourne Administrative Systems in the course of my duties in the position listed above. Except in the performance of my duty as an employee of the University, I will not either directly or indirectly make a record of, divulge or disclose information from the Research Grants Portal/Themis to unauthorized persons and I will not allow unauthorized access to the systems. I will not disclose or divulge my passwords to any other person, whether they be an employee of the University or not.

Applicant's Signature: _____ Date: _____

AUTHORIZATION:

Authorizer's Name: _____ Authorizer's Signature: _____

Authorizer's Position: _____ Date: _____

SYSTEM ADMINISTRATOR (MRIO) Use Only

ACCESS GRANTED BY:	
DATE:	