

Chang Gung University Request Form for account Reset

Single-Sign On Password Two-factor authentication

Date requested: YYYY/MM/DD

Applicant	Name of Department	
	Student ID/Staff ID Number	
	Name	
	Contact Number/Email Address (Not CGU Email account)	(This email address will be used to contact you about the result.)
Supporting Documents	<p>1. Current Students: please attach a photocopy of your student card <u>or</u> a signature from your department head/director.</p> <p>2. Alumni Accounts: please attach a photocopy of your graduation certificate.</p> <p>3. Staff Account: please attach a photocopy of your staff card, your certificate of appointment of the year, or a signature from your supervisor.</p> <p>*If you are unable to submit this request form in person, you may fax or email it. You will need to attach a photocopy of your national identification card if you choose to do so.</p>	Signature of Department Head/Director/Supervisor

Note:

1. The Request Form must be submitted by the applicant himself/herself to the Service Desk at the Computer Center located on third floor of the Management Building on weekdays between 08:30~17:00. Please bring the original documents with you for certification.
2. If the applicant cannot submit the Request Form in person, he/she may fax it or mail it. A photocopy of the applicant's national identification card must be provided in addition. (Fax Number: (03) 211-8211, Email address: cguic@mail.cgu.edu.tw)
3. After the password has been reset, please use the Single-Sign On system and change your password as soon as possible so you will not forget it again. This also prevents your password from being hacked.
4. If all information on this form is accurate, the request will be processed and the applicant will be notified within two business days (start counting from the time the form is received).
5. To ensure that you may inquire about your password next time you forget it, please set up a backup email account as soon as possible so that a password hint may be sent.

I have read and understood the instructions above.

Applicant's Signature: _____

(The boxes below will be filled out by the Computer Center)

Form submitted by	<input type="checkbox"/> Applicant (in person) <input type="checkbox"/> Fax <input type="checkbox"/> Email <input type="checkbox"/> Others: _____		
Date received	YYYY/MM/DD/Hours	Application No	
Certification Result	<input type="checkbox"/> Information is inaccurate/missing <input type="checkbox"/> Information is accurate and complete	Certifier	
Date Completed	YYYY/MM/DD/Hours		
Result	<input type="checkbox"/> Password cannot be reset because: _____ <input type="checkbox"/> Password reset	Processed by	