####

FOR OFFICE USE ONLY

Ref No\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Received\_\_\_\_\_\_\_\_\_\_

####  **Administrative Systems Division**

## IOPAS Account Set Up / Amendment Form (for Teaching Programmes^)

AMSD Form No. : F20

***^ Teaching programmes include self-financed taught programmes and other teaching programmes funded by the block grant or other funding sources, whether or not leading to a formal academic qualification.***

A. Request Type (Please √ tick one) User Ref. No. : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
|  Create new account Delete account Change account profile |

1. Account Initiating Officer (Should be nominated by Department/Unit Head and normally be the Programme Director)

|  |  |
| --- | --- |
| Name: |  |
| Staff ID: |  |
| Contact (tel and email): |  |

1. Programme Information

|  |  |
| --- | --- |
| Programme Name: |  |
| Academic year start/end dates: [MM/DD/YY] to [MM/DD/YY] |  |
| Organising Department (Primary & Co-organisers if applicable): |  |
| Cost Centre: |   |
| Source of funding: | \* Block-grant / Non-block-grant |
| Degree or above programme: | \* Yes / No |
| Non-local based programme: | \* Yes / No |
| (For MBA/EMBA programmes only) OP will be conducted in Town Centre: | \* Yes / No (N/A) |
| Budget Holder: | Name:Staff ID: |
| Programme Director: | Name:Staff ID: |
| Programme Administrator (for liaison with the IOPAS Working Group): | Name:Staff ID: Email: |

\* Please delete as appropriate.

1. Endorsed by Department/Unit Head

Date: Name: Signature:

Remarks

1. This form can be downloaded from ITSC’s website. (http://www.cuhk.edu.hk/itsc/onlineapp/amsd/index.html)
2. Please send the completed form to Administrative Systems Division, ITSC. (Fax :2603 6098 / Email: imuprdsupp@itsc.cuhk.edu.hk)
3. An acknowledgement via email will be issued to the Account Initiating Officer when account set up/amendment is completed.

Implementation Log (for ITSC use only)

|  |  |  |  |
| --- | --- | --- | --- |
|  | Endorsed by | Completed by | Accepted by |
| Name |  |  |  |
| Signature |  |  |  |
| Date |  |  |  |