Instructor/Advisor  ___________________  Signature:  _____________

My student, Mr/Ms. ___________________, LAU ID# ________________ requires extended computing services. Please provide him with the following:

<table>
<thead>
<tr>
<th>Extended Disk Space: (Default: Eng’g 500MB, Arch. 1GB)</th>
<th>________ (GB)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Extended Printing Quota: (Default: 1000 pages per semester)</td>
<td>________ (pages)</td>
</tr>
</tbody>
</table>

Internal Use Only

| Lab Supervisor: ___________________ | Signature:  _____________ |
Form#SEA-L02 – Account Extension Form
Instructions for filling this form

Procedure:
Please complete the form and secure all necessary signatures and allow up to 24 for processing.

Fields to fill:
The following fields need to be filled by concerned faculty/staff:
• Instructor: The course instructor/professor performing the request.
• Signature: The course instructor/professor’s signature.
• Student name and ID are self-explanatory.
• The required extended disk space on the server for the student.
• The required extended printing quota for the student.