INFORMATION + TECHNOLOGY SERVICES

REQUEST FOR ACCESS TO THE AMS SYSTEM - DIVISIONAL MROL

My Research on Line for PI & PM

*FOR MROL BUSINESS OFFICER ROLE--USE THE RIS FORM.

		tive Date	20
ISTRUCTIONS			
i. Print clearly.ii. Complete all applicable sections.iii. Keep a copy of this form for your recor		mail to Research ris.help@utorc	
ection 1: Complete the following information	to identify yourself.		
Check one:		e PI Fund Centre	e(s)
			()
AMS User ID:	Pe	rsonnel No.	
Applicant Last name (Please print):	First name:	Initial:	Phone No.
Foouth/Division	Donatos	- Frank	
Faculty/Division	Department	Email	
Please indicate your role : *	Project Manager	PI D PI	4 - 1942 - 1944 - 1945 - 1946 - 1946 1946 - 1946 - 1946 - 1946 - 1946 - 1946 - 1946 - 1946 - 1946 - 1946 - 1946 - 1946 - 1946 - 1946 - 1946 - 1946 1946 - 1946 - 1946 - 1946 - 1946 - 1946 - 1946 - 1946 - 1946 - 1946 - 1946 - 1946 - 1946 - 1946 - 1946 - 1946
*For Project Manager please print	PI first and last name ar	nd Personnel No.	
PI Name	PI Personnel No.		
			A Committee of the comm
ction 2: Fund Centre Enter the PI commi	tment fund centre(s) and m	nark for addition or	deletion.
Commitment Fund Centre Number	Description		dition Deletion
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ction 3: Contact Person Form must cont	hin department contact persons	can ar Businass Of	figur contact info
ction 3: Contact Person. Form must contact	ain_department contact per	son or Business Of	ficer contact info.
	ain department contact per		ficer contact info.
Person to contact (Please print)			
Person to contact (Please print)	Title	Pi	
Person to contact (Please print)		Pi	
Person to contact (Please print) E-Mail address ECTION 4 : Signature	Title Authorization Sign	Pi 	none No.
Person to contact (Please print) E-Mail address ECTION 4: Signature or PI role requesting departmental FC, form must	Title Authorization Sign include Department Head's	nature signature of approval	none No.
Person to contact (Please print) E-Mail address ECTION 4: Signature or PI role requesting departmental FC, form must	Title Authorization Sign include Department Head's	nature signature of approval	none No.
Ction 3: Contact Person. Form must contact Person to contact (Please print) E-Mail address ECTION 4: Signature or PI role requesting departmental FC, form must or Project Manager/Assistant role, form must inc	Title Authorization Sign include Department Head's	nature signature of approval	none No.
Person to contact (Please print) E-Mail address ECTION 4: Signature or PI role requesting departmental FC, form must or Project Manager/Assistant role, form must incl	Title Authorization Sign include Department Head's signature of approva	nature signature of approval	none No.
Person to contact (Please print) E-Mail address ECTION 4: Signature or PI role requesting departmental FC, form must	Title Authorization Sign include Department Head's	nature signature of approval	none No.
Person to contact (Please print) E-Mail address ECTION 4: Signature or PI role requesting departmental FC, form must or Project Manager/Assistant role, form must incl	Title Authorization Sign include Department Head's signature of approva	nature signature of approval	none No.
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