



WebAdvisor Application

Last Name: _____ First Name: _____ MI: _____

Department / College and Location: _____

(All Office room numbers and their location/building)

Employment Type (Check One): Administrator Faculty Staff Other _____

Employment Status (Check One): Full-Time Part-Time Other _____

Phone Number: _____ Fax Number: _____

Authorized UOG Email Address: _____@triton.uog.edu

(to be completed only if employee has a current "triton" account [etriton/gotritons are not included])

Colleague Employee ID (7-digits): _____

Applicant's Signature: _____ Date: _____

Dean / Director's Signature: _____ Date: _____

I understand that this privilege is given to me by the University of Guam. Therefore, I will personally use this account in relation to my work and not let others use this account. I also understand that this privilege can be revoked at any time I release my password to anyone for his/her use.

WebAdvisor instructions may be found at the How To Guides at <https://it.uog.edu>

FORWARD THIS FORM TO THE UOG HR OFFICE FOR PROCESSING

Processed by: _____ Signature: _____ Date: _____

Print Name

Remarks: _____

T: +1 671.735.2350 F: +1 671.734.6005 W: www.uog.edu

Mailing Address: 303 University Drive, UOG Station, Mangilao, Guam 96923

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