

SimulationIQ - Individual New User Form



THE CITY UNIVERSITY
OF NEW YORK

NYU LANGONE
MEDICAL CENTER

NYULMC Users Please fill out all required fields below and submit to nysimIT via Frontrange ticket or for CUNY users: nysimIT@nyumc.org

Requestor's Name

Date

First Name

Last Name

Email Address

Is this an NYULMC user?

Kerberos ID

Department

What type of user?