



DegreeWorks Access Request Form

If you have any questions about this form, please contact the Registrar's Office at 593-2811

PLEASE PRINT		Banner ID _____
_____	_____	_____
Last Name	First Name	Middle Name
Department _____		Phone _____
Please check if you are: <input type="checkbox"/> Faculty <input type="checkbox"/> Advisor <input type="checkbox"/> Administrative Associate		
_____		UserID _____
Applicant Signature	Date	
_____		_____
Supervisor's Signature	Date	

Please check if the exceptions/substitutions ability is required

Permissions Authorized (Registrar Use Only):

<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____

_____	_____
Registrar's Office Approval Signature	Date

Registrar's Only: Access Effective Date _____	Initials _____
Training Date _____	Trainer Initials _____