



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 K _____
Last Name _____	First Name _____	Middle Name _____
Department _____		Phone _____
Please check if you are: <input type="checkbox"/> Faculty <input type="checkbox"/> Advisor <input type="checkbox"/> Other _____		
Applicant Signature _____		UserID _____
Date _____		

Query Access (View Only) Modify Access

Supervisor's Printed Name _____	
Supervisor's Signature _____	Date _____

Permissions Authorized (Registrar Use Only):	DegreeWorks
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ADV _____	_____
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DegreeWorks Admin Signature _____	Date _____