

CALIFORNIA INSTITUTE OF TECHNOLOGY

Request for Student Affairs System Access

1. ADD  CHANGE  DELETE

2. Employee  Temporary  Student  Consultant  \_\_\_\_\_ Other \_\_\_\_\_  
(company name)

3. TO BE EFFECTIVE: Beginning date: \_\_\_/\_\_\_/\_\_\_  
 Ending date: \_\_\_/\_\_\_/\_\_\_ OR check if Employee

**NOTE: An ending date is required unless the user is an Employee. This date can easily be extended by the Approver.**

4. User Information:  
 Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_  
 Mail Code: \_\_\_\_\_ E-Mail: \_\_\_\_\_ CALTECH UID# \_\_\_\_\_  
 Phone Ext. \_\_\_\_\_ FAX \_\_\_\_\_  
 Department \_\_\_\_\_  
 Department Supervisor \_\_\_\_\_ Phone Ext. \_\_\_\_\_

5.

**Student Aid (SAS)**

	YES	NO
Admin	<input type="checkbox"/>	<input type="checkbox"/>
Direct Loans	<input type="checkbox"/>	<input type="checkbox"/>
Read Only	<input type="checkbox"/>	<input type="checkbox"/>

**Student Billing (SBS)**

Bursar	<input type="checkbox"/>	<input type="checkbox"/>
Bursar Supvr	<input type="checkbox"/>	<input type="checkbox"/>
Cashier	<input type="checkbox"/>	<input type="checkbox"/>

**Student Marketing (SMS)**

Admin	<input type="checkbox"/>	<input type="checkbox"/>
CIT Annual Roll	<input type="checkbox"/>	<input type="checkbox"/>

**Student Service (SSS)**

	YES	NO
Admin	<input type="checkbox"/>	<input type="checkbox"/>
Dean of Students	<input type="checkbox"/>	<input type="checkbox"/>
Fellowships	<input type="checkbox"/>	<input type="checkbox"/>
Financial Aid	<input type="checkbox"/>	<input type="checkbox"/>
Grad Office Enrollment History	<input type="checkbox"/>	<input type="checkbox"/>
Graduate Office	<input type="checkbox"/>	<input type="checkbox"/>
Health Center	<input type="checkbox"/>	<input type="checkbox"/>
ISP	<input type="checkbox"/>	<input type="checkbox"/>
MSA	<input type="checkbox"/>	<input type="checkbox"/>

**General**

Athletics	<input type="checkbox"/>	<input type="checkbox"/>
Career Services	<input type="checkbox"/>	<input type="checkbox"/>
CIT Mail Services	<input type="checkbox"/>	<input type="checkbox"/>

6. REQUESTED BY: (print name) \_\_\_\_\_ Phone ext. \_\_\_\_\_

7. APPROVED BY:

signed: \_\_\_\_\_ dated: \_\_\_\_\_  
 Debi Tuttle