DELAWARE STATE UNIVERSITY
COMPUTER CENTER

COMPUTER ACCESS REQUEST

User's Name _____ Date Submitted _____

Department _____ Location/Phone _____/_____

Select System:

Student__ Finance__ Financial Aid__ Alumni/Devl__ Human Resources__ Internet__

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Please grant access to the following menus: Module Coordinator's Initials

K - Academic Advising Menu _____
Chairs Initials _____

O - Budget and Requisition Menu _____

Comments _____

_____

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Please grant access to the following forms: Access Type M or Q.

Form Name	Access Type	Module Coordinator's Initials
_____	___	_____
_____	___	_____
_____	___	_____
_____	___	_____
_____	___	_____

Comments _____

_____

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Module Coordinator's Signature _____

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NOTE: If additional space is needed a separate sheet may be attached to this request.