DELAWARE STATE UNIVERSITY
COMPUTER CENTER

COMPUTER ACCESS REQUEST

User's Name ____________________________     Date Submitted ____________________________
Department ____________________________     Location/Phone _______________________/_____

Select System:
Student__ Finance__ Financial Aid__ Alumni/Dev1__ Human Resources__ Internet__

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.

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<th>Form Name</th>
<th>Access Type</th>
<th>Module Coordinator's Initials</th>
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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.