



AUGUSTA UNIVERSITY

Curriculog Access Request Form

Section 1, 2, and 3 must be completed by the Requestor. Section 4 will be completed by the Curriculog Systems Administrators. Insufficient information listed in Section 2 will result in the return of your request. Please be as specific as possible. Upon completion return to curriculog@augusta.edu for processing.

SECTION 1: PERSONAL INFORMATION

Name:	User ID:
Title:	Email:
Phone:	College:
Department:	Program:
Supervisor:	Supervisor Email:
Status: <input type="checkbox"/> New User <input type="checkbox"/> User Modification	

SECTION 2: ACCESS INFORMATION

Role: Check all that apply.

- Originator Program Director Department Chair Dean or Designee
 Course Approval Notifications Program Approval Notifications

Justification: Provide a statement outlining the business related reason you require access to the Curriculog role(s) checked above.

SECTION 3: REQUIRED SIGNATURES

Requestor:	_____	_____	_____
	Printed Name	Signature	Date
Supervisor:	_____	_____	_____
	Printed Name	Signature	Date

SECTION 4: CURRICULOG SYSTEMS ADMINISTRATOR USE ONLY

Access Awarded:	User ID:
	Request Received Date:
	Access Award Date:
	Access Completed By: