

# ULM REGISTRAR'S OFFICE

## Degree Works Access Request Form

Name: \_\_\_\_\_

CWID: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Title: \_\_\_\_\_

Department: \_\_\_\_\_

### ACCESS REQUEST TYPE:

☐ Advisor

☐ Dean's Office

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Dean, Department Head, or Manager's Signature

\_\_\_\_\_  
Date

### For Authorizing Agent's Use Only:

☐ PROD

☐ TEST

\_\_\_\_\_  
Authorizing Agent, Registrar's Office

\_\_\_\_\_  
Date

**Email completed form to [cramer@ulm.edu](mailto:cramer@ulm.edu) or  
Submit completed form in person to McKenzie Cramer, Sandel Hall 217**