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**

_____ _____

Registrar's Office Date

Email completed form to **cramer@ulm.edu** *or*
Submit completed form in person to McKenzie Metz, Sandel Hall 217