

REQUEST FOR DEGREE AUDIT ACCESS

Complete this form on your computer by clicking on the fields below.

Name of Requestor _____

Title _____

Department _____

Degree Audit Access is being requested for:

Name _____

Net Id _____

ID# _____

1) Is advising the primary position responsibility?

yes no

2) Whose degree audit access should this person's mirror? Must be a current Iowa State University employee.

3) *Forward this completed form to your college classification officer.

Classification Officer use:

1) Will this individual be processing exceptions using the degree audit client?

yes no

2) Email completed form to: degree_audit_coordinators@iastate.edu. This form will only be accepted from the college.