CURRICULOG: Access Request Form

Sections 1, 2, and 3 must be completed by the Requestor. **Section 4** will be completed by the Curriculog Administrator.

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@louisiana.edu for processing.

Section 1: PERSONAL INFORMATION

Name:	**UL ID:**
Title:	**Email:**
Phone:	**College:**

Department:	**Program:**	**Non-Academic/ Admin Office:**

Supervisor:	**Supervisor Email:**

Status: ☐ New User ☐ User Modification

Section 2: ACCESS INFORMATION

Role: Check all that apply.

Originator   School Director   Department Head   Dean or Designee   Non-Academic Staff/Administration

Course Approval Notifications   Program Approval Notifications   Other 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 N ame   Signature   Date

Supervisor: _____   _____   _____
                           Printed Name   Signature   Date

Section 4: CURRICULOG ADMINISTRATOR USE ONLY

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