

## **ERP System Access Request**

Date:
Name:
Title/Position:
Division/Department:
Phone:
Module(s) to which access is/are being requested:
Screens/Mneumonics to which access is/are being requested:
I acknowledge that I have read and agree to be bound by the NSCAD University Acceptable Use
Policy as amended from time to time as well as any rules set out by NSCAD when using NSCAD
Computing Resources.
Signature of Applicant:
Chair/Director of Applicant's Department:
(Please print)
Signature of Chair/Director of Applicant's Department:
Designated Contact(s):
(Please print)
Signature of Designated Contact(s):
WHEN COMPLETED SEND TO: Computer Services
FOR OFFICE USE ONLY
Username:
Security Classes:
Date: