

Office of Information Technology

DATE OF TRAINING:

APPLICATION FOR BANNER USER ACCOUNT

COMPLETE THIS FORM, OBTAIN APPROPRIATE APPROVAL SIGNATURES AND RETURN

EMPLOYEE NAME			PURPOSE			
Click here to enter text.			Click here to enter text.			
WORK PHONE	FAX		CAMPUS ADDRESS BUILDING	ROOM OR OFF SITE ADDRESS		
Click here to enter text.	Click here to enter text.		Choose an item.	Click here to enter text.		
ORGANIZATIONAL UNIT			DEPARTMENT/COLLEGE			
Click here to enter text.			Click here to enter text.			
STATUS (SPECIFY		SPECIFY IF OTHER)				
Choose an item. Click here to ente		text.				

I HAVE ATTENDED BANNER TRAINING FOR: E.G. "BANNER REQUISITIONS AND PO'S"

EMPLOYEE CERTIFICATION

I UNDERSTAND THAT MY ACCESS TO THE COMPUTER SYSTEMS OF THE UNIVERSITY OF THE DISTRICT OF COLUMBIA, ON THIS ACCOUNT, **MUST NOT** BE USED FOR COMMERCIAL PURPOSES OR MONETARY GAIN. I ACCEPT RESPONSIBILITY FOR ALL ACTIVITY ON THIS ACCOUNT AND PROMISE THAT MY USE WILL BE IN COMPLIANCE WITH ALL APPLICABLE UNIVERSITY REGULATIONS. FURTHER, I UNDERSTAND THAT THE OFFICE OF INFORMATION TECHNOLOGY PERSONNEL RESERVES THE RIGHT TO REVIEW AND MODIFY - AT ANY TIME - ACCESS FOR SERVICES IN LIGHT OF THE CURRENT DEMANDS ON THE RESOURCES AND TO AWARD ACCESS ON A PRIORITY BASIS.

DATE:
MARK APPROPRIATE BOX
PROD TRNG TEST CONV REPT

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Indicate with an "A" for approval for all applicable BANNER ACCESS CLASSES. A "D" indicates removal of the profile.

ADD OR DELETE		IB ACCESS PROFILE TRAR'S OFFICE	REQUIRED APPROVAL LEVEL				
	ADD DESIRED BANN	S TO ANY OF THE FOLLOWING? ER CLASS ACCESS BELOW — E.G. FA_CLERKS_C″					
Choose an item.	ADVISING Click here to enter	text.	REGISTRAR				
Choose an item.	REGISTRATION Click here to enter	text.	REGISTRAR				
Choose an item.	PERMITS/AUTHORIZATI Click here to enter		REGISTRAR				
Choose an item.	ADMISSIONS OFFICE	· text	SUPERVISOR / ADMISSIONS				
Choose an item.	Click here to enter FINANCE OFFICE Click here to enter						
	FINANCE FUND/ORG SECU (Deliver to Ben	RITY DESANTIS FOR SIGNATURE)	BEN DESANTIS				
	SIGNATURE:		DATE:				
Choose an item.	FINANCIAL AID OFFICE Click here to enter	text.	FINANCIAL AID				
Choose an item.	CASHIER'S OFFICE Do you need access to Account	NT RECEIVABLE/CASHIER'S OFFICE BANNER	CASHIER				
Choose an item.	OTHER	OTHER					
AUTH	IORIZATION : TO BE COMP	LETED BY DEPARTMENT HEAD, SUPE	RVISOR, OF	R ACADEMIC ADVISOR			
NAME			TELEPHONE:				
Click here to enter text.				Click here to enter text.			
SIGNATURE		DATE					
FOR OFFICE OF INFORMATION TECHNOLOGY USE ONLY							
ACCOUNT NAME:		USER NAME:		PROCESSED BY:	DATE:		