

Degree Works Access Request Form (RO4/22)

Registrar's Office 200 High Street, Glenville, WV 26351 3044624117 Fax

Fax 304-462-8619 registrar@glenville.edu

Individual's Name	:	GSU ID#:
Department		Extension:
GSU Emai		
Role		☐ Staff
	-	
Reason Degree Works Access Requested		
TO XXX 1 A XX 1 1		
Degree Works Access Needed Lam an academic advisor assisting students assigned to me		
☐ I am an academic advisor assisting students assigned to me.		
	I am a staff member that needs access to students assigned to me.	
☐ I am a staff member that will be assisting students not assigned to me.		
Individual's S	impatura	
Date Signed		
Date Signed		
Vice President	's Name	
Vice President's Signature		
	e Signed	