System Access Form for Course Scheduling

This form is used to grant and change access to scheduling systems for departmental scheduling staff and administrators. The form should be signed by the department chair/director in order to process the access request.

Please return the completed form to Gina Connors, Senior Scheduling Analyst, by email (gina.connors@rutgers.edu) or fax (732-932-2578). For any questions, please call Gina at 848-932-4313.

Name: __________________________

Email Address: ___________________________ NetID: ___________________________

Access will be granted to both the Course Scheduling System (CSS) and to CourseAtlas. All users will also be added to the Course Scheduling-NB Sakai site.

_____ Read-only Access

_____ Edit Access (please specify unit/subject combinations below – for example, unit 01, subject 470)

Unit: _____ Subject(s): ___________________________

Unit: _____ Subject(s): ___________________________

Unit: _____ Subject(s): ___________________________

Is this user an additional user for the department, or replacing someone?

_____ Additional _____ Replacement – if so, who? ___________________________

Department Chair/Director: ___________________________ Department: ___________________________

(signature)

Email Address: ___________________________ Phone: ___________________________