



**USER INFORMATION**

NAME: \_\_\_\_\_ DU ID#: \_\_\_\_\_ PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ USERNAME: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_ JOB TITLE: \_\_\_\_\_

**Please, check appropriate boxes below:**

1. View financial aid information:

YES  NO

2. Access to financial aid reports:

YES  NO

College: \_\_\_\_\_ Level: \_\_\_\_\_

3. Submit awards for students:

YES  NO

If yes, please indicate fund codes in the box below.

4. Work Award Supervisor:

YES  NO

**PLEASE LIST FINANCIAL AID FUND CODES Attach a separate sheet if necessary)**

Empty box for listing financial aid fund codes.

Additional information:

\_\_\_\_\_  
\_\_\_\_\_

Form Prepared By: \_\_\_\_\_ Preparer's Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**APPROVING SIGNATURES**

Comments:

Appropriate Security Classes:

\_\_\_\_\_  
1. Department Manager Date

\_\_\_\_\_  
2. Division Head/Budget Officer Date

\_\_\_\_\_  
3. Financial Aid Signatory Date  
*Karen Woodrum, Office of Financial Aid (fax: 12341)*

\_\_\_\_\_  
4. UTS - EAS (fax: 17998) Date

After obtaining all required signatures, please submit this form to UTS - Enterprise Application Services (EAS) for processing.