



Graduate Studies Application System Access Form

Contact Details

Name	Date
Employee #	Campus
Position	UBC Phone
CWL	UBC Email
Department or Unit	
Have you ever registered in courses at UBC?	Student Number:

Program Details

Degree(s) Managed (e.g. PHD, MSC)	Programs Managed (e.g. ENGL, CHEM, IGS - Unit 1)

Application System Access

Please complete this section if you need to be added to the system.

New Access OR Change to Existing Access – Effective Date of Change: _____

Name of person being replaced (if applicable): _____

Grad Program Assistant Application Evaluator Supervisor ONLY (no system access)

Program Coordinator Department Head College of Graduate Studies Staff

[The Student Information System \(SIS\) Terms of Use](#) must be kept on file in your department.



**Graduate Studies
Application System Access Form**

Approval

Department Head Name	_____	_____
	UBC Phone	UBC Email

Department Head Signature	_____
	Date

College of Graduate Studies Name	_____	_____
	Signature	Date

The unit (E.g., department, faculty) must retain a copy of this form for 2 years after the applicant has left.