

Access to SLATE - Authorization Form

Employee/Requestor name: _____

UNI: _____

Type of access needed (please check one, discuss with Admissions team regarding choices if there are questions). Roles with an (*) ALSO require Senior Management Approval:

- | | |
|---|---|
| <input type="checkbox"/> Administrator (*) | <input type="checkbox"/> Financial Aid Staff Basic |
| <input type="checkbox"/> NY Admissions Operations Staff (*) | <input type="checkbox"/> Financial Aid Staff Extended (*) |
| <input type="checkbox"/> NY Admissions Staff (*) | <input type="checkbox"/> MARCOMM Basic |
| <input type="checkbox"/> NY Admissions Temp | <input type="checkbox"/> MARCOMM Extended (*) |
| <input type="checkbox"/> MS | <input type="checkbox"/> PhD |
| <input type="checkbox"/> RA/RI Reader | <input type="checkbox"/> MS/PhD Faculty Reader |

Business Justification: _____

Supervisor Name/Signature/Date: _____



Admission Approval Required (Bob Shea, Amanda Carlson is the backup):

Approved by: _____ Date approved: _____

(*) Senior Management Approval ALSO Required (Janet Horan can approve):

Approved by: _____ Date approved: _____