

Approval Form for COUNSELOR VIEW APPLICATION

User must have an INB Banner account before access can be granted.

NAME: _____ NET ID: _____
(last) (first) (m)

Level of Access	Approver's Signature & Date Approved
<input type="checkbox"/> OS_BURSAR	Bursar: _____ Date: _____ Financial Aid: _____ Date: _____ Registrar: _____ Date: _____
<input type="checkbox"/> OS_COUNSELOR	One Stop Director: _____ Date: _____ Bursar: _____ Date: _____ Financial Aid: _____ Date: _____ Registrar: _____ Date: _____
<input type="checkbox"/> OS_FINAID	Bursar: _____ Date: _____ Financial Aid: _____ Date: _____ Registrar: _____ Date: _____
<input type="checkbox"/> OS_SOFTWAREANALYST	Exec Director OIT APPS: _____ Date: _____ Bursar: _____ Date: _____ Financial Aid: _____ Date: _____ Registrar: _____ Date: _____
<input type="checkbox"/> OS_REGISTRAR	Bursar: _____ Date: _____ Financial Aid: _____ Date: _____ Registrar: _____ Date: _____
<input type="checkbox"/> OS_ADMIN	ES Team Leader: _____ Date: _____

Comments:

FOR OFFICE USE ONLY

Processed by: _____

Date: _____

Form updated 2/27/2014.