



CheckMarq Schedule of Classes Role: Instructor/Adviser/TA/Other

Purpose: Completed by a college, school or department when a new Instructor, Adviser, TA or other roles are needed in the Schedule of Classes, or when the role of a person previously identified has changed or needs to be terminated.

Instructions

- Complete Sections 1 & 2 of this form using a computer.
 - a **handwritten form will not be accepted.**
 - an incomplete form will not be processed and will be returned for completion.
- Print the form using the 'Print Form' button.
- Sign the form in Section 3; a digital signature will **not** be accepted.
- Email the completed form to the Office of the Registrar to otdocs@marquette.edu.

Note:

- If the person indicated has not already taken the online FERPA training and forwarded the Certificate of Completion and the FERPA Confidentiality Agreement to the Office of the Registrar, forward these along with the form.
- Access will not be granted until all three forms and the MUID are on file.

Section 1: Requestor Information

Note: cannot be the same person listed in Section 2.

Requestor _____ Title _____

College/Dept/Office _____ Phone _____ Email _____@marquette.edu

Section 2: Needed Access

Name _____ MUID _____
 Last name, First name, Middle name

Request (check one) New Addition Update / Change to a Role Remove All Roles
 remove all active roles for the person identified above

Effective Term of Addition / Modification Fall Spring Summer _____
 Year

Certificate of Completion/FERPA Confidentiality Agreement attached (check one)

Attached Forms are already on file in the OTR NA (for removals only)

Role in CheckMarq Schedule of Classes (check all that apply)

Faculty
 Primary Department _____ Other Department (if serving as Instructor in multiple departments) _____

TA
 Primary Department _____ Other Department (if serving as TA in multiple departments) _____

Adviser: Undergraduate Adviser: Graduate Adviser: Professional
 Primary Department _____ Other Department (if advising in multiple colleges/schools) _____

Other (any role other than above)
 Primary Department _____ Other Department (if serving in multiple departments) _____

Section 3: Signature of Requestor

I certify that the individual identified above requires the roles indicated, or no longer needs .

Signature of Requestor _____ Date _____