**MARQUETTE**
UNIVERSITY

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

***Note:***
a.  *Any person who has not already completed FERPA training must take the online FERPA training prior to receiving the requested access.*
b.  *Access will not be granted until all 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
*Last name, First name, Middle name* _____     MUID _____

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*

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 _____