



We see the future in you.

Norfolk State University
Faculty Web Application Request Form
Office of Information Technology - Application Services
(forward original form to MCAR Suite 401)

Employee Information

Employee Name: _____ Employee ID (Colleague #): _____
User ID (network log on): _____ Department: _____
NSU E-mail Address: _____ Phone #: _____
Contract Type: _____

SAVES

COURSE EVALUATION

FACULTY QUALIFICATION SYSTEM

NEW~

MODIFY

DELETE

NEW~

MODIFY

DELETE

Access Level

- Administrator
- Dean or Associate Dean
- Department Head
- General

Access Level

- Administrator
- Dean or Associate Dean
- General

** Must have existing Active Directory access prior to submission of this request*

Additional Information

Describe access required:

Supervisor Signature: _____ Date: _____

Vice Provost Signature: _____ Date: _____

APPLICATION SERVICES USE ONLY

Notes: _____

Process by:

Date Completed:

User Notified Date: