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:

☐ Administrator (*)                      ☐ Financial Aid Staff Basic
☐ NY Admissions Operations Staff (*)       ☐ Financial Aid Staff Extended (*)
☐ NY Admissions Staff (*)                  ☐ MARCOMM Basic
☐ NY Admissions Temp                       ☐ MARCOMM Extended (*)
☐ MS                                       ☐ PhD
☐ RA/RI Reader                             ☐ 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 or Donald Lemma can approve):

Approved by: ___________________________  Date approved: __________________