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 (*)
☐ NY Admissions Operations Staff (*)
☐ NY Admissions Staff (*)
☐ NY Admissions Temp
☐ MS
☐ RA/RI Reader

☐ Financial Aid Staff Basic
☐ Financial Aid Staff Extended (*)
☐ MARCOMM Basic
☐ MARCOMM Extended (*)
☐ PhD
☐ 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 can approve):

Approved by: ____________________________ Date approved: ________________