



## Degree Works Access Request Form (RO-4/22)

5 H J L V W U D 200 High Street, Glenville, WV 26351-0462 4117 Fax 304-628-619 registrar@glenville.edu

, Q G L Y L G X I		GSU ID#:	
Department:		Extension:	
GSU Email:			
Role:	Faculty	Staff	

<b>Reason Degree Works Access Requested</b>

<b>Degree Works Access Needed</b>
<input type="checkbox"/> I am an academic advisor assisting students assigned to me. <input type="checkbox"/> I am a staff member that needs access to students assigned to me

Date Signed	

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Date Signed	