



OHIO UNIVERSITY

Office of the University Registrar
1 Ohio University
Chubb Hall
Athens, OH 45701
Fax: 740.593-0216
Email: registration@ohio.edu

REQUEST FOR ACCESS TO APPROVE CLASS PERMISSIONS

Purpose: This form is used to request and approve access for an individual to view and manage pending class permission requests and create new requests for defined academic units.

Complete Sections I – III. Return to Tasha Hutchison, Office of the University Registrar, Chubb Hall 115E, or hutchisn@ohio.edu.

Section I – Employee

Employee for whom access is requested.

Name: _____
(Last) (First) (Middle Initial)

College/Department/School/Campus: _____ Phone: _____

Title: _____ OHIO ID: _____

Employee Signature: _____ Date: _____

Did this employee replace a previous employee who had access to class permissions?

Yes No

Previous Employee: _____
(Last) (First) (Middle Initial)

Section II – Access

What type of access do you need?

Please list the academic units for which you are requesting access to view, manage (approve or deny), and create class permission requests. Note that not all fields are required. For example, if you request access to the department of Modern Languages, you do not need to list all the subjects within Modern Languages.

Campus: _____
College: _____
Department/School: _____
Subject(s): _____



OHIO UNIVERSITY

Office of the University Registrar
1 Ohio University
Chubb Hall
Athens, OH 45701
Fax: 740.593-0216
Email: registration@ohio.edu

REQUEST FOR ACCESS TO APPROVE CLASS PERMISSIONS

Purpose: This form is used to request and approve access for an individual to view and manage pending class permission requests and create new requests for defined academic units.

Section III – Approval

A. Supervisor Approval

I verify that the employee requesting access has a legitimate need to view, manage (approve or deny), and create class permission requests for the areas listed in the “Access” section of this form, to fulfill responsibilities within their current position. I will inform the Office of the University Registrar of any change in the employment status of this employee.

Supervisor Name: (Please Print) _____

Supervisor Signature: _____ Date: _____

B. Chair/Director/Associate Dean Approval (if different than supervisor)

This second approval is only required if the employee’s supervisor is not the chair, director, or associate dean of the academic unit(s) for which the employee is requesting access.

I verify that the employee requesting access has a legitimate need to view, manage (approve or deny), and create class permission requests for the areas listed in the “Access” section of this form.

Chair/Director/Associate Dean Name: (Please Print) _____

Chair/Director/Associate Dean Signature: _____ Date: _____

Return this completed form to: Tasha Hutchison, Office of the University Registrar, Chubb Hall 115E, or hutchisn@ohio.edu.