



### Astra Schedule Access Application/Authorization

This form is used to: 1) grant access to the Astra Scheduling System for new users or, 2) modify access to the Banner Student System for existing users (including departmental transfers.) Please fill in the information below and **submit this form to Registrar's Office.**

#### Section 1: Applicant/Banner User Profile Information

Name: \_\_\_\_\_ / \_\_\_\_\_ (please print)  
Last Name First Name

Position Title: \_\_\_\_\_ Are you a student at CSM? [ ] Yes [ ] No (check **one** box only)

CSM CWID: \_\_\_\_\_ Are you transferring to another department? [ ] Yes [ ] No (check **one** box only)

Email Address: \_\_\_\_\_ Phone No: \_\_\_\_\_

Department: \_\_\_\_\_ Location Building \_\_\_\_\_ Room No: \_\_\_\_\_

*I understand and agree that I will use my Astra username for legitimate CSM business only, and will use it in compliance with the CSM Computing & Networking Resource and Responsible Use Policy & Guidelines and the CSM Administrative Data Access Policy I will not share it with others and I understand that misuse may result in disciplinary action being taken by CSM.*

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

#### Section 2: Request Scheduling Area

Please specify the room(s), building, or departments on campus for which you are requesting scheduling access.

#### Section 3: Authorization – Head, Director, Principal Investigator

I hereby approve the access specified above for Astra Schedule.

Name: \_\_\_\_\_ / \_\_\_\_\_ (please print)  
Last Name First Name

Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Phone No: \_\_\_\_\_

#### Section 4: Registrar/ES

Date in RG: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date to User: \_\_\_\_/\_\_\_\_/\_\_\_\_

SCHEDULING AREAS GRANTED	
Schedule Access Granted	RG Initials