Kent State University
Request for Assigned Advisors Access

Instructions: Collect signatures and email to amgroup_dco@kent.edu or send to Access Management Group (Steward Hall 231) Call for assistance at 330-672-1366.

This form grants access only to the advisor assignment application in Self-Service Banner (SSB). This access allows you to modify the rules within the automated advisor system in SSB. If you need access to advisor maintenance (to add, delete, and maintain advisor assignments) in Internet Native Banner (INB) you must complete the Request for Banner Student access form and select ST_GSTU_02_MAINTAIN_ADVISORS under Registrar.

Section 1 - User information, to be completed by requesting department security administrator

(A) Employee Information

Employee Name ____________________________ Campus Phone ____________________________
Department ____________________________ Position/Title ____________________________
Flashline User ID ____________________________ @kent.edu Kent State ID ____________________________

(B) Access requirements

Request type (check one): □ Add User, □ Remove User, □ Replace Permissions, □ Additional Access

Access to (check all that apply): □ Production □ Test

Purpose for access __________________________________________________________________________

NOTE: A signed confidentiality agreement must accompany this request unless the user has already submitted one.

Section 2 – Authorized Academic Units

Assigned Advisors (Charity Miller)

Select Authorized Academic Unit(s) | Signature of Academic Unit Security Administrator

- □ Aeronautics & Engineering (AR)
- □ Architecture and Environmental Design (AE)
- □ Arts and Sciences (AS)
- □ Ashtabula Campus (AC)
- □ Business (BU)
- □ Communication and Information (CI)
- □ East Liverpool Campus (EC)
- □ Education, Health, Human Services (EH)
- □ Geauga Campus (GC)
- □ Nursing (NU)
- □ College of Public Health (PH)
- □ Salem Campus (SA)
- □ Stark Campus (ST)
- □ School of Digital Sciences (DS)
- □ The Arts (CA)
- □ Trumbull Campus (TR)
- □ Tuscarawas Campus (TU)
- □ University College (UC)
- □ University Advising

System Administrator (for IRSS use only)

Section 3 – Data Steward Signature (Charity Miller)

Signature ____________________________________________ Date __________

Section 4 - To be completed by Department of Information Technology

Completed by ____________________________________________ Date __________

□ Verify confidentiality agreement, □ Grant approved access, □ Notify dept security administrator, □ Notify data steward