

HUNTER

The City University of New York

Office of the Registrar • Room 217 North • Phone: (212) 650-3995 • Fax: (212) 650-3632
<http://registrar.hunter.cuny.edu>

Student Access to SIMS

(To Be Completed by Department Chair/Director)

Department _____

Name of student for whom access is being requested: _____

(Print) Last

First

Position: ___ College Assistant ___ Student Aide ___ Other (Specify) _____

Name of the person who will supervise this student: _____

(Print) Last

First

How will the student be supervised? _____

Describe the job that requires access to SIMS. (Indicate what inquiry and update capacity is needed and why.) _____

Indicate how long SIMS access will be needed. (*You must put in an annual request to maintain access if access is needed for more than a year*). _____

Department Chair/Director

(Print) Last

First

Signature

Date

April 23, 2010