



# CheckMarq Schedule of Classes Role: Instructor/Adviser/TA/Other

Purpose: Completed by a college, school or department when a new Instructor, Adviser, TA or other roles are needed in the Schedule of Classes, or when the role of a person previously identified has changed or needs to be terminated.

### Instructions

- Complete Sections 1 & 2 of this form using a computer.
  - a **handwritten form will not be accepted.**
  - an incomplete form will not be processed and will be returned for completion.
- Print the form using the 'Print Form' button.
- Sign the form in Section 3; a digital signature will **not** be accepted.
- Email the completed form to the Office of the Registrar to otrdocs@marquette.edu.

### Note:

- If the person indicated has not already taken the online FERPA training and forwarded the Certificate of Completion to the Office of the Registrar, forward it along with the form.
- Access will not be granted until all forms and the MUID are on file.

### Section 1: Requestor Information

Note: cannot be the same person listed in Section 2.

Requestor \_\_\_\_\_ Title \_\_\_\_\_

College/Dept/Office \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_@marquette.edu

### Section 2: Needed Access

Name \_\_\_\_\_ MUID \_\_\_\_\_  
 Last name, First name, Middle name

Request (check one)  New Addition  Update / Change to a Role  Remove All Roles  
 remove all active roles for the person identified above

Effective Term of Addition / Modification  Fall  Spring  Summer \_\_\_\_\_  
 Year

FERPA training Certificate of Completion attached (check one)

Attached  On file in the OTR  NA (for removals only)

Role in CheckMarq Schedule of Classes (check all that apply)

Faculty  
 Primary Department \_\_\_\_\_ Other Department (if serving as Instructor in multiple departments) \_\_\_\_\_

TA  
 Primary Department \_\_\_\_\_ Other Department (if serving as TA in multiple departments) \_\_\_\_\_

Adviser: Undergraduate  Adviser: Graduate  Adviser: Professional  
 Primary Department \_\_\_\_\_ Other Department (if advising in multiple colleges/schools) \_\_\_\_\_

Other (any role other than above)  
 Primary Department \_\_\_\_\_ Other Department (if serving in multiple departments) \_\_\_\_\_

### Section 3: Signature of Requestor

I certify that the individual identified above requires the roles indicated, or no longer needs .

Signature of Requestor \_\_\_\_\_ Date \_\_\_\_\_