

Moodle Access to Semester Courses

for Academic Assistants, Extension Center Directors, & Course View Only Access

Date: _____

Contact Person: _____ Contact Number or Email: _____

Please grant _____ (_____) access to the course(s) below:
Name ID Number

Year _____ Term _____

Course Number _____	Section _____	Center _____
Course Number _____	Section _____	Center _____
Course Number _____	Section _____	Center _____
Course Number _____	Section _____	Center _____
Course Number _____	Section _____	Center _____
Course Number _____	Section _____	Center _____

Check One:

Course View Only Access Acad. Assistant Change Access Ext. Center Director Access

Print Professor's Name

Professor Signature

For Campus Technology Use Only:

Work Order #: _____

Date Received: _____

Role Given: Course View Acad Assistant Change Director Access

Added to Moodle:

Contact Person: _____

Contacted Via: Email Phone VoiceMail

Date: _____