 BUSITEMA UNIVERSITY <i>Pursuing excellence</i>	Busitema University Directorate of ICT Support (DICTS) Email Address: techsupport@busitema.ac.ug
Document Title	User Access Rights Request Form for the Academic Information Management System (ACMIS)

This form should be completed when requesting authorisation for access or additional access to ACMIS, for making changes to any existing access, removing access if a user leaves the department or for a user name change.

The form should be completed and forwarded to DICTS/ ICT Office, in person, by post or by scanning and sending to 'techsupport@busitema.ac.ug cc gocen.eng@busitema.ac.ug, moses.dicts@busitema.ac.ug'.

User Details

Saltation	
First Name	
Last Name	
University Card Number (ID. NUMBER)	
Unit/Department	
Designation/Job Tittle	
Date:	

Contact Details

(Please enter an email address or phone number so that we can contact you if we need any further information or when the access has been granted).


Telephone Number	
Institutional Email Address	

Nature of Access Request (tick):

New Account		Modify Existing Access	
Additional Access		Disable Account (Access no longer required)	
Other (please specify below)			
Other:			

I understand the risk and responsibility that comes with the Account and Rights given to me on the ACMIS system

Sign _____ Date _____ Page 2 of 2

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User Roles of the Applicant (please list below access Rights to be given to the applicant)

Required Access Permissions

Access Domain (tick) (Name)

CAMPUS ACCESS		
FACULTY ACCESS		
DEPARTMENT ACCESS		
PROGRAMME ACCESS		

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Sign _____ Date _____ P

Access Approval Level I by: Dean/Head of Department /Unit

Access Authorised By (Name):	
Access Authorised By (Signature):	
Request Date:	

Access Approval by Officer Directorate of ICT Support:

Access Authorised by (Name):	
Signed: Date:	