

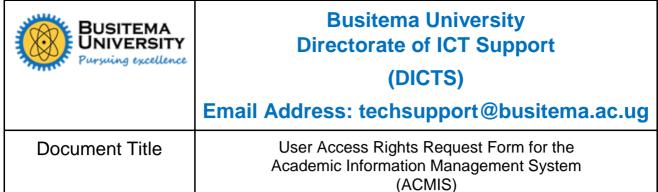
## **Busitema University Directorate of ICT Support** (DICTS)

## Email Address: techsupport@busitema.ac.ug

**Document Title** 

User Access Rights Request Form for the Academic Information Management System (ACMIS)

		(71311113)	
		on for access or additional access to ACMIS e department or for a user name change.	S, for making chan
		TS/ ICT Office, in person, by post or by seng@busitema.ac.ug, moses.dicts@busi	
Jser Details			
Saltation			
First Name			
Last Name			
University Card Number (ID. NUI	MBER)		
Unit/Department			
Designation/Job Tittle			
Date:			
Contact Details			
		that we can contact you if we need any f	urther
nformation or when the access has Telephone Number	been granted).		
Institutional Email Address			
Nature of Access Request (t	ick):		
New Account		Modify Existing Access	
Additional Access		Disable Account (Access no longer required)	
Other (please specify below)			
Other:			
I understand the risk and responsib	ility that comes wit	h the Account and Rights given to me on the A	ACMIS system
Sign			
		•	



	(ACMIS)		
User Roles of the Applicant	(please l	ist below access Rights to be given to the applica	
F	Required	Access Permissions	
Access Domain (tick) (Nam	e)		
CAMPUS ACCESS			
FACULTY ACCESS			
DEPARTMENT ACCESS			
PROGRAMME ACCESS			
I understand the risk and responsi	oility that com	es with the Account and Rights given to me on the ACMIS system	
Sign		Dat <u>e</u> P	
•			
Access Approval Level I by	: Dean/He	ad of Department /Unit	
Access Authorised By (Name):			
Access Authorised By (Signatu	ıre):		
Request Date:			
Access Approval by Officer	Directora	ate of ICT Support:	
Access Authorised by (Name):			
Signed: Date:	1		