

Accountholder's Name (please print):	Accountholder's NUID:
Indicate type of access: <input type="checkbox"/> View Only. Allows access to student schedules, academic information, course rosters and more. <input type="checkbox"/> Student Registration. Allows advisors and departmental staff to register and drop students from classes. Includes "View Only" access <input type="checkbox"/> Registration Override for (indicate department/college) _____. Allows user to override restrictions on course registration for a certain college or department. Includes "View Only and Student Registration" access.	
<p>Northeastern University systems are to be used according to the terms of the Appropriate Use Policy (www.infoservices.neu.edu). By requesting access, I agree to the terms of the Appropriate Use Policy, and further agree to: access, use, distribute and share data only as needed to conduct University business as specified in my position/engagement description, to respect the confidentiality and privacy of individuals whose records or data I access, to observe all ethical and legal restrictions that may apply to data I view or handle, to protect my password and be personally accountable for all work performed under my user IDs and passwords, to logout when leaving my workstation, to report knowledge of security breaches or information security policy violations to NU Information Security, and to comply with all department and University policies and procedures.</p> <p>NOTICE: THIS APPLICATION IS NOT AN EMPLOYMENT CONTRACT IN ANY FORM, ALTHOUGH ADHERENCE TO THESE STANDARDS IS A CONDITION OF EMPLOYMENT OR CONTINUED ROLE. ACCESS GRANTED PURSUANT TO THIS APPLICATION DOES NOT GIVE RIGHTS OF ANY KIND, AND MAY BE CHANGED BY NORTHEASTERN UNIVERSITY WITHOUT NOTICE AT ANY TIME.</p> <p>I have read and will abide by the above agreement and the Appropriate Use Policy. Under these terms, I request access to BANNER/ODS be approved according to the specifications established by my role and job duties</p>	
Accountholder's Signature	Today's Date
College/Department Approval	
College/Department Approver Name (please print)	
College/Department Approver Signature	Today's Date

Please allow (5) business days for processing.

Internal office use:

Approved by: _____ Denied by: _____ Date: _____