



### e:Vision Access Form

#### Contact Details

Name (First)	Name (Last)	Date
Employee Number	UBC Email	CWL
Campus	Position	Department

Have you ever registered in courses at UBC? Yes  No   
If Yes, please provide Student Number: \_\_\_\_\_

Name of person being replaced and effective date (if applicable): \_\_\_\_\_ Date: \_\_\_\_\_

#### Application System Access

Please complete this section if you require access to the system.

New Access  OR Change to Existing Access   
If this is a change to existing access, provide the effective date of change: \_\_\_\_\_

Please select the role below that will determine your level of access:

- |                                    |                          |   |                          |
|------------------------------------|--------------------------|---|--------------------------|
| Graduate Program Assistant         | <input type="checkbox"/> | Application Evaluator (ex. proposed supervisor) | <input type="checkbox"/> |
| Supervisor Only (no system access) | <input type="checkbox"/> | Program Coordinator                             | <input type="checkbox"/> |
| Department Head                    | <input type="checkbox"/> | College of Graduate Studies Staff               | <input type="checkbox"/> |

**IMPORTANT:** New users must review and sign [The Student Systems Terms of Use](#). The signed form must be kept on file in your department.

#### Program Details

Please select the relevant programs you require access to (please check all programs you require access to):

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Biochemistry & Molecular Biology | <input type="checkbox"/> Biology           | <input type="checkbox"/> Biotechnology                  |
| <input type="checkbox"/> Chemistry                        | <input type="checkbox"/> Civil Engineering | <input type="checkbox"/> Computer Science               |
| <input type="checkbox"/> Data Science                     | <input type="checkbox"/> Design            | <input type="checkbox"/> Earth & Environmental Sciences |



- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Education                    | <input type="checkbox"/> Electrical Engineering | <input type="checkbox"/> English                       |
| <input type="checkbox"/> Fine Arts                    | <input type="checkbox"/> HES/Kinesiology        | <input type="checkbox"/> IGS: CESCE                    |
| <input type="checkbox"/> IGS: Dig. Arts & Humanities  | <input type="checkbox"/> IGS: Global Studies    | <input type="checkbox"/> IGS: Indigenous Knowledges    |
| <input type="checkbox"/> IGS: Power, Conflict & Ideas | <input type="checkbox"/> IGS: Sustainability    | <input type="checkbox"/> IGS: Urban & Regional Studies |
| <input type="checkbox"/> IGS: Individualized          | <input type="checkbox"/> Mathematics            | <input type="checkbox"/> Mechanical Engineering        |
| <input type="checkbox"/> Medical Physics              | <input type="checkbox"/> Nursing                | <input type="checkbox"/> Psychology                    |
| <input type="checkbox"/> Social Work                  |   |  |

**Approval**

\_\_\_\_\_  
Department Head Name  
(Individual's department head, not program's department head)

\_\_\_\_\_  
UBC Email

\_\_\_\_\_  
Department Head Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
College of Graduate Studies Name

\_\_\_\_\_  
College of Graduate Studies Signature

\_\_\_\_\_  
Date

*Department, faculty must retain a copy of this form for two years after the applicant has left.*