



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"/>

[The Student Information System \(SIS\) Terms of Use](#) 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"/> Biochem. & Molecular Biology	<input type="checkbox"/> Biology	<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 & Envi. Sciences	<input type="checkbox"/> Education



- | | | |
|---|---|---|
| <input type="checkbox"/> Electrical Engineering | <input type="checkbox"/> English | <input type="checkbox"/> Fine Arts |
| <input type="checkbox"/> Health & Exercise Sci./Kinesiology | <input type="checkbox"/> IGS: CESCE | <input type="checkbox"/> IGS: Digital Arts & Humanities |
| <input type="checkbox"/> IGS: Global Studies | <input type="checkbox"/> IGS: Indig. Knowledges | <input type="checkbox"/> IGS: Power, Conflict and Ideas |
| <input type="checkbox"/> IGS: Sustainability | <input type="checkbox"/> IGS: URS | <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.