



e:Vision Access Form

Contact Details

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

Have you ever registered in courses at UBC?

Yes No

If Yes, please provide Student Number: _____

Name of person being replaced (if applicable): _____

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 Application Evaluator (ex. proposed supervisor)

Supervisor Only (no system access) Program Coordinator

Department Head College of Graduate Studies Staff

[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"/> Biochemistry & 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"/> Education | <input type="checkbox"/> Electrical Engineering | <input type="checkbox"/> English |
| <input type="checkbox"/> Earth & Environmental Sciences | <input type="checkbox"/> Health & Exercise Sciences/Kinesiology | <input type="checkbox"/> IGS: Individualized |



- IGS: Digital Arts & Humanities
- IGS: Global Studies
- IGS: Urban, Rural and Regional Dynamics
- Medical Physics
- Psychology
- IGS: Community Engagement, Social Change, Equity
- IGS: Power, Conflict and Ideas
- Mathematics
- MFA
- Social Work
- IGS: Sustainability
- Mechanical Engineering
- Nursing

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.