

Ad Astra User Request Form

Email scanned form to scheduling@lamar.edu

User Information LEA Lamar ID# Name Job Title Department/College Email Phone **Type of Access** ☐ Department Academic Scheduler ☐ College Academic Scheduler ☐ University Event Scheduler ☐ Department Event Scheduler ☐ College Event Scheduler ☐ University Event Administrator ☐ Department Event Approver ☐ College Event Approver **Requester and Approver Information** Requester Name - PRINT CLEARLY Date Requester Signature Department/College Approval Name - PRINT CLEARLY Department/College Approval Signature Date FOR OFFICE USE ONLY Assistant Registrar Approval Role: __ Customer: _____ Approval Group: ___