



Account Application Form v1.14

Information Technology Services

Instructions: This is a PDF fillable and printable form. Please complete all relevant fields of information, otherwise this form may be returned and account creation delayed. This form is to be used for all ITS accounts except student My Portal, student email, and facility request accounts. Any account changes or deletions are to be submitted using this form. Scan and email the completed application, FERPA agreement and Acceptable Use policy to its@udmercy.edu. Please note: ITS does not accept typed signatures. Once processed, the authorized supervisor will be notified of the availability of the packet for pickup. The supervisor is required to sign at time of pickup to ensure secure delivery to their employee. Changes, disables and deletions will be completed on the effective date.

Completed forms require at least 5 business days for processing after HR data is in Banner.

Action: New Account Account Deletion Change to Account Account Disable/Locked down

Today's Date: Effective Date:

General Information

First Name: MI: Last Name:
Position Title: Birthdate:
College/School:
Department:
Primary Campus: McNichols Corktown Law Other:
Building and Room Number: Campus Phone Number:
If an existing Titan Number (T#) is known:
If an existing account, account name:

Internal Applicants (for those formally employed or directly paid by Detroit Mercy) - check appropriate

Full-Time Faculty/Lecturer Adjunct Administrator Staff Student Employee

External Applicants (for those not formally employed or directly paid by Detroit Mercy) - check appropriate

Anticipated End Date: (Required)
Vendor/Contractor Intern/Assistantship Volunteer Other:

Instructions for ITS

**Check all that apply:**

**Titan Net Domain Access** (Initial login to computer; access to network G and H drives)

If this account should be identical to an existing employee, provide the login name:

**Office 365 Email** (An email account with a standard Detroit Mercy email address)

Requested account name for shared mailbox only:

Username requiring shared mailbox access:

**Banner**

**Profiles** (For a complete listing of profile names, go to: [www.udmercy.edu/about/its/access/profiles.php](http://www.udmercy.edu/about/its/access/profiles.php))

If this account should be identical to an existing employee, provide login name:

Banner Admissions Required Profile Name:

Banner Financial Aid Required Profile Name:

Banner Human Resources Required Profile Name:

Banner Student Accounting Required Profile Name:

Banner Student Registration Required Profile Name:

Banner Student/Residence Life Required Profile Name:

Banner Reporting Additional Form Required:

Argos - [www.udmercy.edu/about/its/access/files/argos.docx](http://www.udmercy.edu/about/its/access/files/argos.docx)

Discoverer - [www.udmercy.edu/about/its/access/files/discoverer.docx](http://www.udmercy.edu/about/its/access/files/discoverer.docx)

Banner Finance Required Profile Name:

Access Level: Posting Only Query Only Both posting and query

Purchase Requisitions/Change Order Approval Level: \$0 \$2500 \$10000 \$50000 Presidential

List all FOAPs:

**Web Content Development**

Management System (Cascade account for management of official site)

Identify site for management:

**CashNet**

Cash Net Access

**Departmental Applications**

Admissions Slate Advancement Raiser's Edge

Other (list names of all):

Your signature below indicates that you have read and accept all terms and conditions of all policies associated with the access you have been approved for. These policies are available for review at [www.udmercy.edu/about/its/policies](http://www.udmercy.edu/about/its/policies).

**Employee Signature:** \_\_\_\_\_

As the applicant's authorized supervisor (per HR), you approve this application having accepted the responsibility of educating the applicant with the applicable policies as documented on [www.udmercy.edu/about/its/policies](http://www.udmercy.edu/about/its/policies). By signing this form, you agree to communicate any and all changes regarding employment using this form to ITS. Terminations must be submitted in advance or at the time of termination; otherwise, you accept the risks to your departmental data for which ITS makes no guarantees.

**Authorized printed Name:** \_\_\_\_\_ **Campus Phone Number:** \_\_\_\_\_

**Authorized Signature:** \_\_\_\_\_