

This form grants **access only to the advisor assignment application** in Self-Service Banner (SSB). This access allows you to modify the rules within the automated advisor system in SSB. If you need access to advisor maintenance (to add, delete, and maintain advisor assignments) in Internet Native Banner (INB) you must complete the Request for Banner Student access form and select ST_GSTU_02_MAINTAIN_ADVISORS under Registrar.

Section 1 - User information, to be completed by requesting department security administrator

(A) Employee Information

Employee Name	_____	Campus Phone	_____
Department	_____	Position/Title	_____
Flashline User ID	_____@kent.edu	Kent State ID	_____

(B) Access requirements

Request type (check one): ☐ Add User, ☐ Remove User, ☐ Replace Permissions, ☐ Additional Access

Access to (check all that apply): ☐ Production ☐ Test

Purpose for access _____

NOTE: A signed confidentiality agreement must accompany this request unless the user has already submitted one.

Section 2 – Authorized Academic Units

Assigned Advisors (Charity Miller)

Select Authorized Academic Unit(s)		Signature of Academic Unit Security Administrator
<input type="checkbox"/>	Aeronautics & Engineering (AR)	
<input type="checkbox"/>	Architecture and Environmental Design (AE)	
<input type="checkbox"/>	Arts and Sciences (AS)	
<input type="checkbox"/>	Ashtabula Campus (AC)	
<input type="checkbox"/>	Business (BU)	
<input type="checkbox"/>	Communication and Information (CI)	
<input type="checkbox"/>	East Liverpool Campus (EC)	
<input type="checkbox"/>	Education, Health, Human Services (EH)	
<input type="checkbox"/>	Geauga Campus (GC)	
<input type="checkbox"/>	Nursing (NU)	
<input type="checkbox"/>	College of Public Health (PH)	
<input type="checkbox"/>	Salem Campus (SA)	
<input type="checkbox"/>	Stark Campus (ST)	
<input type="checkbox"/>	School of Digital Sciences (DS)	
<input type="checkbox"/>	The Arts (CA)	
<input type="checkbox"/>	Trumbull Campus (TR)	
<input type="checkbox"/>	Tuscarawas Campus (TU)	
<input type="checkbox"/>	University College (UC)	
<input type="checkbox"/>	University Advising	
System Administrator (for IRSS use only)		

Section 3 – Data Steward Signature (Charity Miller)

Signature _____

Date _____

Section 4 - To be completed by Department of Information Technology

Completed by _____

Date _____

☐ Verify confidentiality agreement, ☐ Grant approved access, ☐ Notify dept security administrator, ☐ Notify data steward