

Application for Astra Schedule Access

Baylor University

Name _____
Last First Middle Initial

Title _____

Department Name _____ Dept. Number _____

Campus Address _____

Campus Telephone _____ I.D. Number _____

Have you attended Astra Training? _____

Signature of Requestor (*Digital Signatures are accepted*) _____ Date _____

Access Options (Complete A and/or B):

A) Copy Astra access of this username: _____

Is this person leaving the Department & their access should be removed? YES: _____ NO: _____

OR

B) Describe access needed:

Send completed form to: Classrequests@baylor.edu