

Online Student Course and Faculty Evaluation Mailing List & Reporting Access Request **ACCOUNT DEACTIVATION FORM**

This form is used only to **remove all** access to **both** the Mailing Lists and the Baruch College Online Student Course and Faculty Evaluation Reporting System. **This form must be submitted by the employee's supervisor, Dean or Provost (or designee).**

For employees transferring to a new unit, a separate access request form must be completed by the new department.

This form may be submitted up to 30 days prior to requested access revocation date. Unless specified, access will be removed within seven days of receipt.

When completed scan and email the signed form to faculty.evaluation@baruch.cuny.edu or deliver to the Office of Testing and Evaluation in NVC 5-220.

A: EMPLOYEE INFORMATION SECTION (PLEASE TYPE, NO HANDWRITTEN REQUESTS)

*All information in this section is required

A.1: REQUESTOR/EMPLOYEE INFORMATION	CUNYFirst EMPLID: _____
	Last Name: _____ First Name: _____
	Baruch Username: _____
	Division: ☐ Independent Units (IND) ☐ Continuing and Professional Studies (CAPS) ☐ Marxe School of Public and International Affairs (MSPIA) ☐ Weissman School of Arts and Sciences (WSAS) ☐ Zicklin School of Business (ZBUS) ☐ Baruch College – Administrative (BAR01)
	Department/Office: _____
	Job Title: _____
	Baruch Email Address: _____ @baruch.cuny.edu

A.2: Reason for Request:

- ☒ User is no longer with department/office or does not require access, remove reporting and mailing list access.

B: Access Levels

MAILING LIST	B.1: MAILING LIST SELECTION: ☒ No Mailing List (99 NOMAIL)
STUDENT COURSE AND FACULTY EVALUATION REPORTS ACCESS	B.2: ONLINE SCFE DEPT. HEAD/REPORTING ROLE: ☒ No Reporting Access

C.X: Access Period – Effective Date

☐ Remove Access Immediately ☐ Remove Access Effective: _____
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Employee	EMPLID	Last Name	First Name

D: Department Head Reporting Disciplines/Subjects (Evaluation Reporting Units)

D.1: Reporting Unit Access Selection

Evaluation Reporting Unit (Discipline/Subject)	
Remove All Access	NO-ACCESS: ☒ Add

E: Approval Section

Requesting Supervisor (Please type or print all information EXCEPT Signature)

**All information in this section is required*

E.1: SUPERVISOR INFORMATION	Supervisor Last Name: _____	Supervisor First Name: _____
	Supervisor Division: ☐ Independent Units (IND) ☐ Continuing and Professional Studies (CAPS) ☐ Marxe School of Public and International Affairs (MSPIA) ☐ Weissman School of Arts and Sciences (WSAS) ☐ Zicklin School of Business (ZBUS) ☐ Baruch College – Administrative (BAR01)	
	Supervisor Department: _____	
	Supervisor Title: _____	
	Supervisor Phone: _____	Supervisor Mail Box: _____
	Supervisor Email Address: _____ @baruch.cuny.edu	

E.3: Supervisor's Approver (must be signed in ink)

I HEREBY APPROVE THIS REQUEST TO TERMINATE ALL ACCESS.

Supervisor Signature: _____ Date: _____

F: Processing by Office of Testing and Evaluation

Request Received	Staff Member: _____	Date: _____
Mailing List Updated:	Staff Member: _____	Date: _____
Reporting Interface Updated	Staff Member: _____	Date: _____