



## Extended Access Request Form

*Students lose access to various CMU resources after their last enrolled semester. If approved, access is given for one-semester. One approval does not guarantee a future approval.*

Student: \_\_\_\_\_ Signature: \_\_\_\_\_ ID#: \_\_\_\_\_

Email: \_\_\_\_\_ Degree Program: \_\_\_\_\_

Credits Remaining: \_\_\_\_\_ Expected Graduation Date: \_\_\_\_\_

### Requested Extended Access:

- ☐ Email (cmich)
- ☐ Udrive
- ☐ Microsoft Teams
- ☐ Library Resources
- ☐ Other: \_\_\_\_\_

Justification of each item for request:

### Required Approvals:

Faculty Advisor

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Department Chair (or Interdisciplinary Program Director)

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Graduate Studies

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Comments:

### OFFICE OF RESEARCH AND GRADUATE STUDIES