

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

251 Foust Hall, Central Michigan University
Mount Pleasant, Michigan 48859
P 989.774.3873 | F 989.774.3439
www.orgs.cmich.edu | cgsforms@cmich.edu