



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