The University of Southern Queensland

EDUCATIONAL PARTNER TUTOR/MARKER ACCESS FORM

Fax: +61 7 4635 9225

To enable us to provide you with your new access complete the following:

PERSONAL DETAILS: **Fill in all details**

FIRST NAME: _____

LAST NAME: _____

EDUCATIONAL ORGANISATION: _____

AGENT CODE: _____

MAILING ADDRESS: _____

COUNTRY: _____

EMAIL ADDRESS: _____

TELEPHONE CONTACT: _____

FAX NUMBER: _____

PREVIOUS USQ USER ID: _____

PLEASE READ AND COMPLETE THE FOLLOWING DECLARATION

- ❒ I have read, understood and agree to abide by the University's Code of Practice for the Acceptable Use of Information Technology Resources (http://www.usq.edu.au/resources/108.pdf).
- ❒ I understand that student and related data contained on or generated by the PeopleSoft Student Administration System is by its nature confidential and is so designated by the University. The collection and release of such information is governed by the Privacy Information Standards of the State of Queensland.
- ❒ I will ensure that Confidential Information will remain confidential and I will perform services without conflicting interest.
- ❒ I will use any Confidential Information and material that may come to my knowledge only for the purpose of dealings with the University (whether directly or indirectly). I understand I may be liable pursuant to the USQ Student Discipline Statute, the USQ Enterprise Agreement and other legal redress open to the USQ should I be found in breach of USQ policy.

STAFF MEMBER: _____ SIGN: _____ DATE: ____ / ____ / _____

EDUCATIONAL PARTNER NAME: _____ SIGN: _____ DATE: ____ / ____ / _____

FACULTY ADMIN NAME: _____ SIGN: _____ DATE: ____ / ____ / _____

SIGNATURE OF MANAGER, STUDENT SYSTEMS SIGN: _____ DATE: ____ / ____ / _____

SIGNATURE OF PRINCIPLE MANAGER (SAAS) SIGN: _____ DATE: ____ / ____ / _____

STUDENT SYSTEMS OFFICE USE ONLY

OPERATOR ID: _____ EMPLOYEE ID: _____

I have verified that the user has received and / or will have access to the appropriate panels.

STUDENT SYSTEMS DELEGATE: _____ DATE: _____

PSProfile: ❒ USQSec: ❒

UPDATED 15/08/2012

The University of Southern Queensland

COURSE CLASS ACCESS CONTROL FORM

For Educational Partner Tutor/Markers

PERSONAL DETAILS

FULL NAME: _____ EMPLOYEE ID: _____

FACULTY / DEPT _____ USER NAME: _____

EMAIL ADDRESS _____ TELEPHONE: _____

SEMESTER	COURSE CODE	CAMPUS	OFFERING	*ROLE

***Role Descriptions**

Role	Seen by Student in Self Service	Access to Faculty Centre	Access to Gradebook	Access to Moodle	Access to EASE	Name to appear on Course Specification
Educ. Partner Tutor	No	No	No	Yes	No	No
Educ. Partner Tutor/Marker	No	No	No	Yes	Yes	No

SIGNATURES

STAFF MEMBER _____ DATE: ___ / ___ / _____

EXAMINER/SUPERVISOR/HOD. _____ DATE: ___ / ___ / _____

FACULTY ADMINISTRATOR OFFICE USE ONLY – ACCESS ENTERED AND APPROVED

SIGNATURE: - _____ DATE: ____ / ____ / _____

UPDATED 15/08/2012