**Section 1: Applicant Information**

Name: ___________________________ / ___________________________ (please print)  
Last Name  First Name  
McGill ID: ___________________________  McGill Email Address: ___________________________  
Faculty/Dept: ___________________________  Phone No: _______________  Fax No: _______________  

I understand and agree that I will use my MIM userid and/or McGill ID for legitimate administrative use only, and will use it in compliance with the Policy on the Responsible Use of McGill Information Technology Resources (http://www.mcgill.ca/secretariat/policies/informationtechnology). I will not share my userid with others and I understand that misuse may result in disciplinary action being taken by the University against me.  

Applicant Signature: ___________________________  Date: ___________________________  
Supervisor Signature: ___________________________  Date: ___________________________  

**Section 2: MIM Access Requirements**

I will be replacing OR will need the same access as:  
_________________________ / ___________________________  
Last Name  First Name  
OR

For New MIM users, with the help of your supervisor, please check off what is required for your position:  

[ ] Contact Records  [ ] View  [ ] Update  
[ ] Institution Records  [ ] View  
[ ] Alerts  
  [ ] Inquiries to Answer  
  [ ] Alerts 4U  
  [ ] Calls 4U  
  [ ] Reminders  
  [ ] Package Requests  
  [ ] Inventory to Ship/Shipped  
  [ ] Letters and Labels  
[ ] School Visits  [ ] View  [ ] Update  
[ ] Campus Tours  [ ] View  [ ] Update  
[ ] Events  [ ] View  [ ] Update  
[ ] Yield Events  [ ] View  [ ] Update  
  [ ] Yield Events - Campus Connect  
  [ ] Yield Events - Rendezvous  
  [ ] Yield Events - Entrance Scholarship Recipient  
  [ ] Web Broadcasts  
  [ ] Phoneathon  
[ ] Categories & FAQs  [ ] View  [ ] Update
Section 3: Removal of MIM Access

Please revoke all MIM access for:

_________________________________________/_

Last Name                                                                        First Name

Specify reason below. Employee has:
[  ] Left McGill University;
[  ] Left this department;
[  ] is on Leave of Absence (this includes maternity and disability leaves).

Section 4: Approval – Faculty/Security Designate

I authorize the above applicant to access MIM as indicated:

Name: _______________________________________/______________________________ (please print)

Last Name                                                                        First Name

Signature: _____________________________________________  Date: ____________________ Phone No.: __________

Section 5: ARR Approval

Date Received: __________________________________________

I authorize the above applicant to access MIM with the following security access level:

[  ] Admin Level 1   [  ] Admin Level 2   [  ] Admin Level 3   [  ] Admin Level 4   [  ] Admin Level 5

Comments:
________________________________________________________________________________________________
________________________________________________________________________________________________
________________________________________________________________________________________________

Signature: ____________________________________________  Date: ___________________ Phone No.: __________