



Ad Astra User Request Form

Name _____ LEA _____ L# _____

Title _____

Department/College _____

Email _____ Phone _____

- Access Requested:
- Department Academic Scheduler
 - Department Event Scheduler
 - Department Event Approver
 - College Academic Scheduler
 - College Event Scheduler
 - College Event Approver
 - University Event Administrator
 - University Event Scheduler

Requester Signature _____ Date _____

Department/College Approval _____ Date _____

Assistant Registrar Approval _____ Date _____

Please complete this form and return via email at scheduling@lamar.edu