

# ACEWARE ACCESS FORM



You must request Server Access prior to receiving ACEware Access.

**Last Name**

**First Name**

**Email**

**UTEP Phone Extension**

**Building**

**Room**

**Department**

Extended University Business Center – **EUBC**

Osher Lifelong Learning Institute – **OLLI**

Professional and Public Programs – **P3**

**Access Level Required**

Accounting

Coordinator

Manager

Registration

Administrator

**Supervisor or Department Head Authorization**

**Printed/Typed Name**

**Signature**

**Date**

**For EUBC office use only**

**Activated By**

**Date**

**De-Activated By**

**Date**