Request For Concur/Delegate Access to Assist Student

Complete **all** fields and send to Controller.request@umassd.edu **-with student travel questionnaire- to request access and affidavits, when necessary.**

Student must still complete the training in order to review and approve any expense report completed on their behalf.

Last name/first name-person requesting delegate access	
Employee ID-person requesting access	
Student Last Name, First Name	
Student *Employee ID*	
Direct supervisor-student's current job	
Supervisor's Employee ID	
Department Name	
Department Number	
Set ID	UMDAR

Approval:

_____ _____

Controller's Office Date

Date of Student's training (Required)

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