

CALIFORNIA STATE UNIVERSITY, AUXILIARY SERVICES JDEWARD'S INQUIRY SYSTEM APPLICATION

NAME OF PROJECT DIRECTOR:		
PHONE NUMBER/FAX NUMBER:		
EMAIL ADDRESS:		
MAIL STOP:		

PLEASE LIST COST CENTER NAME AND ACCOUNT NUMBER THAT THE ABOVE-MENTIONED PROJECT DIRECTOR IS RESPONSIBLE FOR.

COST CENTER NAME	ACCOUNT NUMBER

LIST THE NAMES OF THE STAFF MEMBERS WHO ASSIST THE PROJECT DIRECTOR AND WILL BE ACCESSING THE JDEWARDS ON-LINE INQUIRY SYSTEM.

NAME	PHONE NUMBER	EMAIL ADDRESS

FOUNDATION USE ONLY

ADD COST CENTER TO PROVOST PROFILE	YES	NO
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PROJECT DIRECTOR AUTHORIZATION

APPROVED BY:	
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OFFICE USE ONLY

USER ID:	
PASSWORD:	
GROUP PROFILE:	
INITIAL MENU:	

PLEASE RETURN APPLICATION TO THERESA EURICH AT MAILSTOP OF 33 OR FAX 278-0993.
FOR QUESTIONS REGARDING THIS FORM CALL THE MIS DEPARTMENT AT 278-0820.