



**LOUISIANA TECH UNIVERSITY
Office of Financial Aid**

Academic Works Access Request Form 2025-2026

Please return this completed form to:
Louisiana Tech University
Office of Financial Aid
PO Box 7925 Ruston, LA 71272

This form is to be used to request new access or to update a current user's access to Academic Works. **For University Employees Only**

Type of Request:

New User Request

Update Current User

EMPLOYEE'S Last Name

First Name

MI

EMPLOYEE'S CWID or SSN

EMPLOYEE'S Mailing Address (include Apt. No.)

Department Name

City

State

Zip Code

EMPLOYEE'S Position

EMPLOYEE'S Email Address

EMPLOYEE'S Cell Phone (Include area code)

Types of Access:

Opportunity Administrator

IT Administrator (Internal Only)

Foundation Administrator

System Administrator (Internal Only)

College / Scopes:

Reviewer

Chair (Lead Reviewer)

Scholarships you will be reviewing:

New Reviewer Signature:

Date:

Dean's Signature:

Date: