**Test Student Account Consultation Form**

**Contact Details**

|  |  |  |  |
| --- | --- | --- | --- |
| First Name: |  | Last Name: |  |
| Email: |  | Phone: |  |
| Department/Unit: |  |

**Test Student Account Overview:**

Briefly describe why test student account(s) are required. For integration test, please include the name of the integrating application and the information being exchanged between SIS & your application*.*

*this function, integration or issue cannot be tested in the non-production SISC environment. If checked, provide details on the rationale:*

*this function or issue cannot be tested using an existing test student account that was previously assigned to your program. If checked, provide details on the rationale:*

**Test Student Account Details:**

|  |  |
| --- | --- |
| Number of test accounts requested: |  |
| Test account(s) needed for the following time period: ­­­­­­­ | *Start (yyy/mm/dd) – End (yyyy-mm-dd)* |
| CWL(s) required: | Yes  No |

**Test student details:**

|  |  |
| --- | --- |
| Session (e.g. 2021 Winter): |  |
| Program (e.g. BA, BSc, any program): |  |
| Specialization (English, any specialization): |  |
| Year level (e.g. Level 1, any): |  |
| Registration status (e.g. ELIG): |  |
| Able to register in courses: | Yes  No |
| Other requirements: |  |