**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: |       |