



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 (mm/dd/yyyy) – End (mm/dd/yyyy)

CWL(s) required:

Yes	No
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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
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Other requirements: _____