Integrated Reporting (IR SEoT) Access Form

Use this form to gain access to the Integrated Reporting tool which provides Department Heads and Associate Deans aggregated/comparative evaluation reports viewing.

Please return this form to: Centre for Teaching and Learning Technology. You can email it to courseval.support@ubc.ca

The applicant’s department must keep a copy of this application on file and can destroy it one year after the user has left the department.

Important! As soon as access is no longer needed, please send an email to courseval.support@ubc.ca to have access removed.

Applicant

First Name_________________________________ Last Name___________________________________________________________

CWL Username _________________________ Position_______________________ Phone __________________________

Department/Faculty_______________________ Employee Email _________________________________

Access Details

I need access to Name: Department________________________ Faculty or School ______________________

Responsibility

Access to the Integrated Reporting SEoT system requires you to follow UBC privacy and security policies.

1. I understand that I am responsible for the confidentiality and security of all confidential or sensitive information that I access in the Integrated Reporting SEoT system (the "Information"). I will only access, use and alter the Information as authorized in this form.

2. I will not share the Information with unauthorized users.

3. I will take reasonable steps to ensure that unauthorized users cannot view the Information regardless of how I access it.

4. When I extract, download, print or summarize the Information, I will follow UBC Information and Security Standards, including:
   a. storing Information in electronic format in secure systems;
   b. protecting Information in electronic format with passwords and encryption;
   c. transmitting Information in electronic format using University-provided email accounts or other secure network connections;
   d. not using third party email and storage services such as Gmail, Hotmail, Dropbox and Google Docs to transmit or store Information in electronic format;
   e. protecting Information in hardcopy format using reasonable physical security precautions;
   f. keeping Information only as long as it is required for authorized purposes; and
   g. securely deleting or destroying Information when I no longer need it for authorized purposes.

5. I understand that I must protect password(s) that I use to access Integrated Reporting SEoT system. I will not share my password(s) with anybody else; and I will comply with University password complexity requirements and change my password(s) at least every six months.
6. I understand that my authority to access the Information is limited to the Faculty and Departments listed in this form. If I lose this authority (for example, if I am suspended or terminated, or my job duties change so that I no longer require access to the Information), I will immediately report this to courseval.support@ubc.ca and avoid accessing Information that I am not authorized to access.

7. If I am accessing the Information for a research purpose, I certify that I have Behavioural Ethics Board (BREB) approval for this research. I understand that BREB approval does not automatically constitute authority to access the Information, and that I am still subject to the terms of this agreement, UBC Policy 89 and all other UBC Policies.

8. I have read and will comply with UBC Policy 104, Acceptable Use and Security of UBC Electronic Information and Systems and the Information Security Standards as well as the Policy on the Student Evaluation of Teaching.

Acknowledgement of Responsibility

I have read and understood the above conditions and agree to abide by them.

Applicant Name (Printed) ________________________________________________________________

Applicant Signature __________________________ Date _________________________________

Signing Authority Approval

Applicant Full Name ________________________________________________________________

The manager or authorised person above the applicant must sign this form.

For Department level access

Program Director

Name ________________________________________________________________

Position __________________ Signature ______________________________

Approval Date __________________

For Faculty level access

Faculty Dean/Director

Name ________________________________________________________________

Position __________________ Signature ______________________________

Approval Date __________________

CTLT
Completed by ____________________________ Date ____________________________