



SCHOLARCHIP ACCESS REQUEST FORM

Instructions: This form should be completed by each unit/branch that is requesting to use and access the ScholarChip payment gateway, in conjunction with the [ANCOR Request Form](#). Completed and signed forms should be sent to Marge Ramsey, 303 George St., New Brunswick, NJ 08901, via email to: maramsey@docs.rutgers.edu or faxed to 732-932-7164.

Section 1: Applicant Information

Date of Request:
Branch Name:
G/L Account:

NOTE: Follow the proper Chart of Accounts structure. For guidance, visit: <http://cornerstone.rutgers.edu/faqs-chart-accounts>.

Section 2: Type of Request *(select only one)*

New Access	Update/Change	Remove
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Section 3: Administrative User Information

Employee Name:
Campus Phone:
University Email:

Employee Class *(select only one)*

Class 1	Class 3	Class 4
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Section 4: Applicant Review and Approval

Applicant Signature

Date

Printed Name of Branch Administrator

Signature of Branch Administrator

Date

Enrollment Services ONLY

Date Received:		Date Submitted:	
Received By:			
Notes:			