

Register for OASIS Training

Your name: (First Middle Last)		
Your Title:		
Campus:		
Your department's name:		
Your email:		
Your phone:		
Your NW Logon ID: (Will be assigned if you do not have one)		
Supervisor's name:		
See supervisor's sci	reen 40 in SIS for department coo	le and primary area.
Supervisor's Dept. Code: (3 or 4 letter code)		
Supervisor's Primary Area: (2 letter code)		
Supervisor's phone:		
Supervisor's email:		
Name of employee that previously held in your department with the same access	your position or provide the name of a cu s: Previous Current	arrent user
Select only one from the following list	··	
Select only one from the following its		
Monday, 11/06/06 1:00-3:00 PM Student Services Building (SU 132B)	Friday, 12/01/06 1:00-3:00 PM Student Services Building (SU 132B)	Friday, 01/19/07 1:00-3:00 PM Student Services Building (SU 132B)