



SUNY Cortland Registrar's Office  
 223 Miller Building  
 PO Box 2000  
 Cortland, NY 13045-0900  
 607-753-4702 | registrar@cortland.edu

**FACULTY AND STAFF**  
**Brightspace**  
**Observer Access**  
**Request**

This form is used to provide access to SUNY Cortland instructors, supplemental instruction leaders, tutors and teaching assistants with student observer / auditing level (non-instructor) access to a Brightspace course.

Note: This process may take several days to complete. Please plan accordingly.

- Individuals using this process will appear as auditors, and will have no grading or editing access to course sections.
- Course instructors must agree to grant access to the course.
- When enrolling any student or volunteer, chair approval from the instructor's department is required.
- This form is not used to add official co-instructors to a course section or Brightspace space.
- This form will be accepted and reviewed by the Registrar's Office, and requested through the Help Center.

Name: \_\_\_\_\_ Cortland ID: C00

If you are not a current Cortland faculty member, staff member or student, please contact Human Resources for 'volunteer' status.

Your Office/Dept: \_\_\_\_\_ Phone: \_\_\_\_\_

Your College Status:  Faculty  Staff  Student Employee/Assistant\*  Volunteer\*

\* Students and volunteers must complete a confidentiality form to gain access. Chair approval is also required.

Access Reason: \_\_\_\_\_

\_\_\_\_\_

Please indicate why access is being granted. (e.g.: supplemental instruction, tutoring etc...)

Course Subject: \_\_\_\_\_ Course Number: \_\_\_\_\_ Course Section: \_\_\_\_\_ CRN: \_\_\_\_\_

Fall  Winter  Spring  Summer Year: \_\_\_\_\_ Course Dept: \_\_\_\_\_

Auditor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Instructor Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Instructor signature is required. If the instructor is not accessible, please contact the Registrar's Office.

Chair Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Chair approval is required when adding students or volunteers.

Registrar Approval: \_\_\_\_\_ Date: \_\_\_\_\_

When all of the above signatures are complete, send this form to the Registrar's Office for approval and action.