Scholarship On-Line Account Review (SOLAR)
Training and Access Request Form

Before SOLAR access may be granted, you must be an authorized COMPASS user of your department.

I. USER INFORMATION

Name: ____________________________________________ UIN: __________________

Last                      First

Email: ____________________________ Office Phone: ____________________________

College: ____________________________ Department: ____________________________

II. ADDITIONAL ACCESS REQUEST

If you require scholarship information access to a college or department other than what is listed above, please indicate below:

________________________________________________________________________________________

III. AUTHORIZATION

**To be completed by Dean, Department Head, or Director with authority to provide access to scholarship account information.

By signing this form, I authorize SOLAR access for the requesting staff member, as indicated above. I verify that I have the authority to do so for this unit and hereby authorize use of this system.

__________________________________________ Date

Signature of Dean, Department Head, or Director

__________________________________________

Printed Name of Dean, Department Head, or Director Phone

IV. SUBMIT

Please submit the completed and signed form to Scholarships & Financial Aid via email or when you attend your SOLAR Training session. (Register for a session through TrainTraq, searching by course code 2112137.)

Email the completed form to fellowschol@tamu.edu.

State law requires that you be informed of the following: (1) you are entitled to request to be informed about the information about yourself collected by the use of this form (with a few exceptions as provided by law); (2) you are entitled to receive and review that information; and (3) you are entitled to have the information corrected at no charge to you.

For Office Use Only

Received: __________ Training: __________ Complete: __________ Access: __________