# Banner Workflow Request Form

THOMPSON RIVERS UNIVERSITY

*Date: _____
*First Name: _____
*Last Name: _____
*Banner User ID: _____
*Email: _____

*Data Owner name: _____
*Data Owner Signature: _____

* Required Information
**(ALL FIELDS REQUIRED)**

| Workflow Role Assignment | Add | Remove |
|---|---|---|
| OL_Course_Approvers | ☐ | ☐ |
| DSO_Approvers | ☐ | ☐ |
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