



MUID Number: Non-Marquette Employees

Purpose: completed by a college/school or department when a new courtesy appointment, Jesuit, ROTC member, Sodexo employee or temporary visitor (e.g. auditor, consultant, vendor) joins Marquette University but is not on the payroll of Marquette University and thus is not assigned an MUID by Human Resources, or when a renewal is needed.

Instructions

- Complete Sections 1 & 2 of this form using a computer.
 - a **handwritten form will not be accepted.**
 - an incomplete form will not be processed and will be returned to your for completion.
- Print the form using the 'Print Form' button.
- Sign the form in Section 3; a digital signature is acceptable.
- Email the form to the Office of the Registrar to otrdocs@marquette.edu.

Note:

If access to CheckMarq and/or D2L is required, the individual seeking access must complete online FERPA training and forward the signed Certificate of Completion and FERPA Confidentiality Agreement embedded in the tutorial to the Office of the Registrar along with a [Request for CheckMarq Schedule of Classes Role: Instructor/Adviser/TA/Other form](#) and/or the [Request for CheckMarq Student Record Access/Imaging Access/Courseleaf Access form](#).

Section 1: Requestor Information

Requestor _____ Title _____

MUID _____ College/Dept/Office _____

Phone _____ Email _____@marquette.edu

Section 2: Non-Marquette Employee *(required)*

Check one: New Renewal

Name
Last name, First name, Middle name _____

Home Address
Street Address, City, State Zip Code Country (if not USA) _____

Home Email Address _____

SSN *(required for new additions ONLY)* _____ Birth Date MM/DD/YYYY _____ Female Male

Effective start date MM/DD/YYYY _____ Effective end date MM/DD/YYYY _____

If new, will the individual require a Marquette email account?
 Yes No

Appointment for those not paid by Marquette University *(check all that apply)*

Auditor, Contractor, Vendor _____ Jesuit

D2L Facilitator _____ Name of Company or Organization _____ Researcher

Instructor *(must be appointed through the Office of the Provost)* _____ ROTC

Other _____ Sodexo *(for employees paid by Sodexo)*

Section 3: Authorized Requestor Signature

I certify that the individual identified above requires a Marquette email and/or an MUID as indicated.

Signature _____ Date _____