

# How to Submit an IVS Access Academic Request

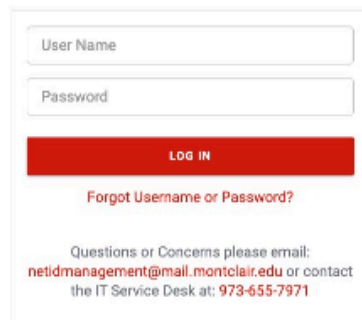
**Description:** This is an overview of how to submit a request for Academic courses that use the IVS system at the Center for Clinical Services. Note: Only Instructors are able to request access for their class rosters.

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[Navigate to the page below:

[montclair.service-now.com/ditportal](https://montclair.service-now.com/ditportal)

You will be prompted to enter your netID and Password (This will be the same password that you use for all of your MSU services such as Gmail, Canvas, Workday, etc).



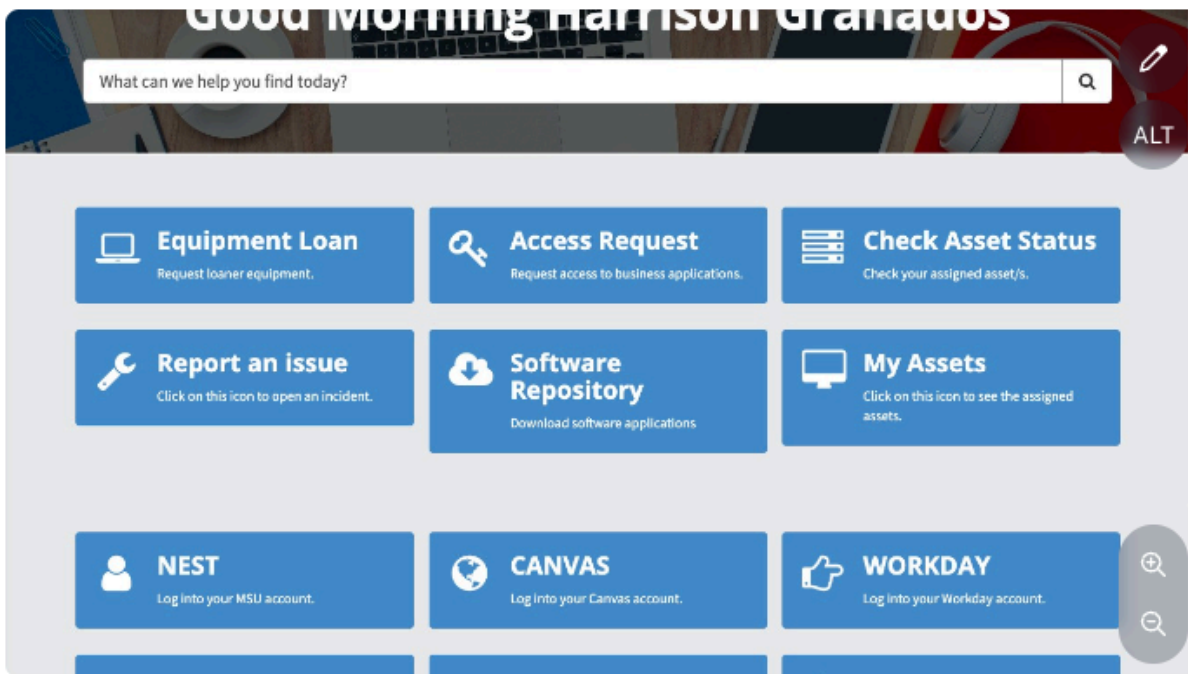
User Name

Password

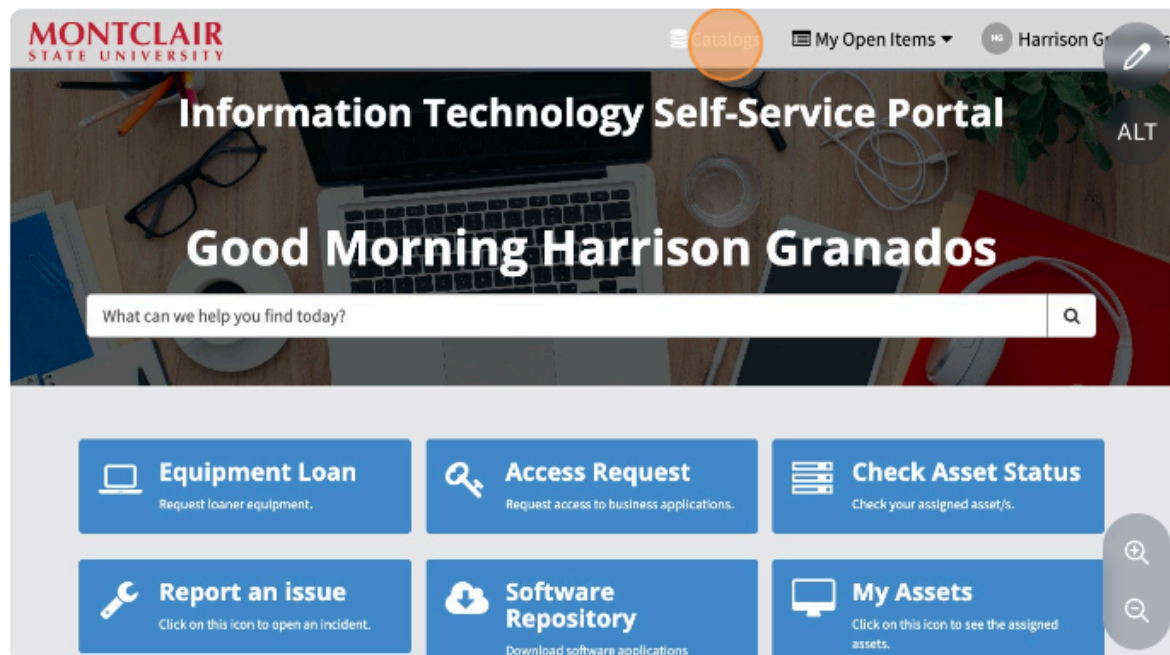
LOG IN

[Forgot Username or Password?](#)

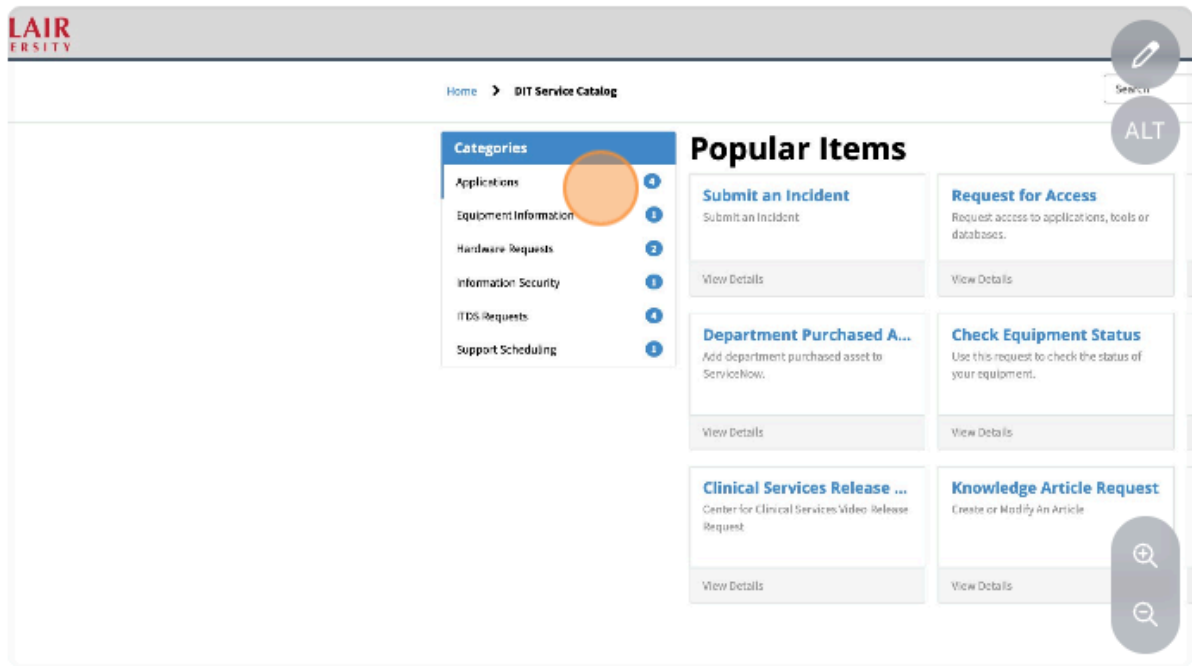
Questions or Concerns please email:  
[netidmanagement@mail.montclair.edu](mailto:netidmanagement@mail.montclair.edu) or contact  
the IT Service Desk at: 973-655-7971



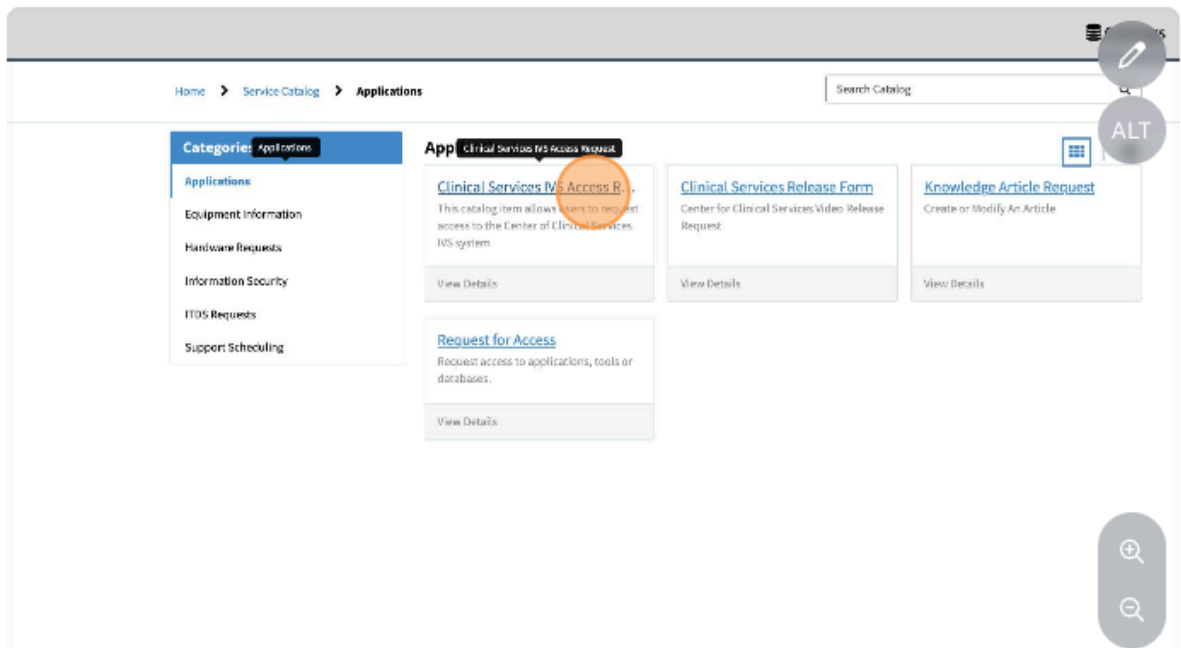
## 2 Click "Catalogs"



### 3 Click "Applications"



### 4 Click "Clinical Services IVS Access Request"



5 Click "Academic"

STATE UNIVERSITY

Home > Service Catalog > Applications > Clinical Services IVS Access Request

Search Catalog

### Clinical Services IVS Access Request

This catalog item allows users to request access to the Center of Clinical Services IVS system

**\* Indicates required**

**\* Is Your Request For A Class (Academic), Research Or Clinical**

☒ Academic ☐ Research ☐ Clinical

**\* Select the user(s) who will need access**

Harrison Granados

Please upload a signed copy of the NDA form(s). A separate NDA form should be submitted for each user

Clinical And Academic NDA Form Link  
<https://www.montclair.edu/center-for-clinical-services/wp-content/uploads/sites/240/2025/07/CCS-IVS-NDA-9.3.24.pdf>

Submit

**Required information**

Is Your Request For A Class (Academic), Research Or Clinical

6 Select the Semester you are making the request for:

This catalog item allows users to request access to the Center of Clinical Services IVS system

**\* Indicates required**

**\* Is Your Request For A Class (Academic), Research Or Clinical**

☒ Academic ☐ Research ☐ Clinical

**\* Which semester will you be teaching the course?**

-- None --

-- None --

Fall

Spring

Summer

-- None --

☐ Section Not Listed

**\* Select the year the course will be taught:**

-- None --

**\* Select the user(s) who will need access**

Harrison Granados

Submit

**Required information**

Which semester will you be teaching the course?

Which course will you be teaching?

Please upload a signed copy of the NDA form(s)

## 7 Select the Course from the dropdown that you are making the request for:

Academic Request

\* Is Your Request For A Class (Academic), Research Or Clinical  
☒ Academic ☐ Research ☐ Clinical

\* Which semester will you be teaching the course?  
Fall

\* Which course will you be teaching?  
-- None --  
COUN 584 Group Counseling: Theory and Practice  
COUN 588 Counseling Techniques  
COUN 624 Counseling Practicum  
COUN 650: Play Therapy  
COUN 653 Special Topics in Counseling  
COUN 654 Internship in Counseling I

\* Select the user(s) who will need access  
Harrison Granados

\* What is the course's start date? \* What is the course's end date?

Required information  
Which course will you be teaching?  
Please select the section of your course!

ALT

## 8 Select the section of the course you are teaching:

\* Which course will you be teaching?  
COUN 584 Group Counseling: Theory and Practice

☐ Course Not Listed

\* Please select the section of your course:  
-- None --  
1  
2  
3  
4  
5  
6

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f t y o i g

9 Select the year the course will be taught:

\* Please select the section of your course:

3

☐ Section Not Listed

\* Select the year the course will be taught:

-- None --

2025

2026

2027

2028

2029

2030

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f t y i

10 Enter the name of the user you are requesting access for. Cross reference your class roster to verify you are requesting the correct user:

☐ Course Not Listed

\* Please select the section of your course:

3

☐ Section Not Listed

\* Select the year the course will be taught:

2027

\* Select the user(s) who will need access

Harrison Granados

\* What is the course's start date?

MM/DD/YYYY

\* What is the course's end date?

MM/DD/YYYY

Please upload a signed copy of the NDA form(s). A separate NDA form should be submitted for each user

Clinical And Academic NDA Form Link

<https://www.montclair.edu/center-for-clinical-services/wp-content/uploads/sites/240/2025/07/CCS-IVS-NDA-9.3.24.pdf>

Required information

What is the course's start date?

What is the course's end date?

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Click here to add more than one user after adding someone to the primary field. You should be able to add all of your roster using this button.

The screenshot shows a web form for adding users to a course. The form includes the following fields and sections:

- ☐ Course Not Listed
- \* Please select the section of your course:  
3
- ☐ Section Not Listed
- \* Select the year the course will be taught:  
2027
- \* Select the user(s) who will need access:  
Ashley Allison
- \* What is the course's start date? (MM/DD/YYYY)
- \* What is the course's end date? (MM/DD/YYYY)
- Please upload a signed copy of the NDA form(s). A separate NDA form should be submitted for each user
- Clinical And Academic NDA Form Link  
<https://www.montclair.edu/center-for-clinical-services/wp-content/uploads/sites/240/2025/07/CCS-IVS-NDA-9.3.24.pdf>

A callout bubble labeled "Request for multiple users" points to a button with a plus icon and the text "Add more users".

On the right side of the form, there is a "Required information" section with two red buttons: "What is the course's start date?" and "What is the course's end date?". Below this is an "ALT" button and a search icon.

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In this example you are adding 3 users for example. The second field can accommodate as many users as you need.

\* Please select the section of your course:

3

☐ Section Not Listed

\* Select the year the course will be taught:

2027

\* Select the user(s) who will need access

Ashley Allison

Also request for

Harrison Granados Marvel Feliciano

\* What is the course's start date? \* What is the course's end date?

MM/DD/YYYY MM/DD/YYYY

Please upload a signed copy of the NDA form(s). A separate NDA form should be submitted for each user

Clinical And Academic NDA Form Link

<https://www.montclair.edu/center-for-clinical-services/wp-content/uploads/sites/240/2025/07/CCS->

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### 13 Enter the Date that your course begins:

☐ Section NOT Listed

\* Select the year the course will be taught:

2027

\* Select the user(s) who will need access

Ashley Allison

Also request for

☒ Harrison Granados ☒ Marvel Feliciano

\* What is the course's start date? Show Calendar for What is the course's start date?

Please upload a signed copy of the NDA form(s). A separate NDA form should be submitted for each user

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### 14 Enter the date that the course ends:

☐ Section NOT Listed

\* Select the year the course will be taught:

2027

\* Select the user(s) who will need access

Ashley Allison

Also request for

☒ Harrison Granados ☒ Marvel Feliciano

\* What is the course's start date?

\* What is the course's end date? Show Calendar for What is the course's end date?

Please upload a signed copy of the NDA form(s). A

Clinical And Academic NDA Form Link  
<https://www.montclair.edu/center-for-clinical->

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Calendar for August 2025:

Su	Mo	Tu	We	Th	Fr	Sa
27	28	29	30	31	1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31	1	2	3	4	5	6

Cancel OK

15 Right-click and open the NDA in a new tab"

<https://www.montclair.edu/center-for-clinical-services/w...> "

Also request for

☒ Harrison Granados ☒ Marvel Feliciano

\*What is the course's start date?

\*What is the course's end date?

Please upload a signed copy of the NDA form(s). A separate NDA form should be submitted for each user

Clinical And Academic NDA Form Link  
<https://www.montclair.edu/center-for-clinical-services/wp-content/uploads/sites/240/2025/07/CCS-IVS-NDA-9.3.24.pdf>

\* Add attachments

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16 Click "Add attachments" once you have all of the NDAs completed

\*What is the course's start date?

\*What is the course's end date?

Please upload a signed copy of the NDA form(s). A separate NDA form should be submitted for each user

Clinical And Academic NDA Form Link  
<https://www.montclair.edu/center-for-clinical-services/wp-content/uploads/sites/240/2025/07/CCS-IVS-NDA-9.3.24.pdf>

Add attachments

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- 17 Click "Choose a file" you can select as many files as you need. It can be one or multiples at once.

The screenshot shows the Montclair State University IVS Access Academic Request form. A modal dialog box titled "Add attachments" is open in the center, displaying a "Choose a file" button and instructions: "Drag it here: Copy and paste or upload files here." The background form includes the following fields and options:

- Home > Service Catalog** (breadcrumb)
- 3** (input field)
- ☐ Section Not Listed
- \* Select the year the course is being requested:** 2027
- \* Select the user(s) who will need access:** Ashley Allison
- Also request for:** ☒ Harrison Granados ☒ Marvel Feliciano
- \* What is the course's start date?** 08/20/2025
- \* What is the course's end date?** 08/20/2025
- Submit** button
- ALT** button
- Facilities Portal** link
- Please upload a signed copy of the NDA form(s). A separate NDA form should be submitted for each user** (note at the bottom)

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Click "Submit" to send the request for review. It will then be moved to the Senior Operations manager for review.

The screenshot shows a web form titled "IVS Access Request" under the heading "Clinical Services IVS Access Request". A search bar is located at the top right. The form includes a "Submit" button, which is highlighted with an orange circle. Below the button, there are several input fields and a section titled "When Date Will They End Work in Your Lab" with a date picker set to 01/01/2025. The form also contains a section for "Research Or Clinical" and a "we access to?" section with a red error message. The form is part of a larger system, as indicated by the "Ha" and "ALT" labels on the right side.

Example of completed request: This email will be sent to the Instructor and Student confirming access has been granted.

**IVS Access Has Been Granted**

Your request has been completed

For additional support, please contact Clinical Services at 973-655-3652 or email [ccsitsupport@montclair.edu](mailto:ccsitsupport@montclair.edu)

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**Center for Clinical Services**

Ref:MSG9391230

For any support with this form please email [ccsitsupport@montclair.edu](mailto:ccsitsupport@montclair.edu) directly.