STUDENT INQUIRY FORM
PLEASE PRINT CLEARLY

Student ID: □□□□□□□□□ Date: □□□□-□□-□□□□□□□□
(Month, Date, Year)

Name: __________________________________________________________________________________________________

Telephone number: __________________________________________________________________________________________

Email Address: ______________________________________________________________________________________________

Reason for your visit:

[ ] Problems with Transcript and/or Advising Report    [ ] VA or TA Problem or Questions

[ ] Transfer Credit not on AAR or Transcript    [ ] Course Substitution Problem

[ ] Change expected graduation date: _______________

[ ] *Non Attendance of a class-Action requested: __________________________________________________________________

[ ] Request for Enrollment Verification** (Address or Fax number): __________________________________________________________________

[ ] Other: ________________________________________________________________________________________________

Student Signature: ___________________________________________________________________________ Date: _______________

Office Use Only:

Processed by: ___________________________ Date: ____________________

*DOCUMENTS MUST BE ATTACHED TO SUPPORT REQUEST*
(Enrollment verification for future semester(s) are not processed until after the add/drop period)