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)