THE UNIVERSITY of NORTH CAROLINA
GREENSBORO

Student Contact Form

URO
University Registrar's Office

Full Legal Name: _____ Student ID #: _____
Last *First* *Middle*

E-mail Address: _____ Telephone #: _____

Mailing Address: _____
Street/P.O. Box *City* *State* *ZIP Code*

Concerns/Questions/Explanations

_____ _____
Student Signature *Date*

URO Office Use Only

Received By: Date:

Method of inquiry: ❑ Telephone ❑ In person ❑ E-mail (attached)

Classification: ❑ FR ❑ SO ❑ JR ❑ SR ❑ GR Level: ❑ UG ❑ GR

Term: _____ ❑ FA ❑ SP ❑ SU
Year

Student Type:
- ❑ Consortium/Interinstitutional (I)
- ❑ Continuing (C)
- ❑ Continuing in New Program (X)
- ❑ Extension (E)
- ❑ Extension (F)
- ❑ ISEP—Incoming Exchange (Z)
- ❑ INTERLINK (L)
- ❑ Joint Programs (J)
- ❑ New First Time (N)
- ❑ Other (S) _____
- ❑ Reactivated (R)
- ❑ Readmitted (M)
- ❑ Returning New Program (Y)
- ❑ Special—VISIONS (S)
- ❑ Transfer (T)
- ❑ Undeclared (U)
- ❑ Visiting (V)

Reason for inquiry: ❑ Cancellation ❑ Nonpayment ❑ Immunization ❑ New Registration ❑ Other: _____

Office(s)/Person(s) contacted:
Cashier: _____ Fin. Aid: _____ GRS: _____

ResLife: _____ SAS: _____ Other: _____

Notes

SPACMNT Coded By: Date:

Action

Action Completed By: Date:

Student Notification

Completed By: Date:

UROC 01/2010