



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	

_____ Date: _____
Student Signature

URO OFFICE USE ONLY	Received By: _____	Date: _____
Method of inquiry: <input type="checkbox"/> Telephone <input type="checkbox"/> In person <input type="checkbox"/> E-mail (attached)		Term: _____ <input type="checkbox"/> FA <input type="checkbox"/> SP <input type="checkbox"/> SU <i>Year</i>
Classification: <input type="checkbox"/> FR <input type="checkbox"/> SO <input type="checkbox"/> JR <input type="checkbox"/> SR <input type="checkbox"/> GR Level: <input type="checkbox"/> UG <input type="checkbox"/> GR		
Student Type: <input type="checkbox"/> Consortium/Interinstitutional (I) <input type="checkbox"/> ISEP—Incoming Exchange (Z) <input type="checkbox"/> Readmitted (M) <input type="checkbox"/> Continuing (C) <input type="checkbox"/> INTERLINK (L) <input type="checkbox"/> Returning New Program (Y) <input type="checkbox"/> Continuing in New Program (X) <input type="checkbox"/> Joint Programs (J) <input type="checkbox"/> Special—VISIONS (S) <input type="checkbox"/> Extension (E) <input type="checkbox"/> New First Time (N) <input type="checkbox"/> Transfer (T) <input type="checkbox"/> Extension (F) <input type="checkbox"/> Other (S) _____ <input type="checkbox"/> Undeclared (U) <input type="checkbox"/> Reactivated (R) <input type="checkbox"/> Visiting (V)		
Reason for inquiry: <input type="checkbox"/> Cancellation <input type="checkbox"/> Nonpayment <input type="checkbox"/> Immunization <input type="checkbox"/> New Registration <input type="checkbox"/> 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: _____