GENERAL REQUEST FORM

This form is for students to use in requesting information and specific rulings from the Registrar’s Office. The reply will be mailed to you, unless you indicate “Will Pick Up”. The reply can also be mailed to any other address that you may provide. This form may also be used to change your current mailing address.

Name: ____________________________      Student I.D #: ______________________

Address: ______________________________________________________________________

Number & Street    City          State                          Zip Code

Home Phone #: (     ) _______________________    Cell Phone #: (      )____________________

Candidate for:   JD   LLM

Please be as specific, detailed and concise as possible in regard to the nature of your request and the reasons which necessitate it (continue on the other side if necessary):

Student Signature:___________________________________     Date:___________________

For Office Use Only – Do Not Write Below This Line

Processed by: ___________________________ Date: ______________________

(8/05)