



## STUDENT ACTION REQUEST FORM

NAME: \_\_\_\_\_ SSN: \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
 PHONE: \_\_\_\_\_ BUS# \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Currently Enrolled: Day: 1FT 2FT 3FT **OR** Evening: 1PT 2PT 3PT 4PT AUDIT  
 IF NO LONGER ENROLLED: Last Date of Attendance OR Date of Graduation: \_\_\_\_\_  
 DATE OF REQUEST: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

### PERSONAL INFORMATION

ADDRESS CHANGE: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 PHONE CHANGE: Residential: \_\_\_\_\_ Cell: \_\_\_\_\_ Business: \_\_\_\_\_  
 NAME CHANGE: Previous Name: \_\_\_\_\_ New Legal Name: \_\_\_\_\_

**OFFICIAL USE ONLY:** Date Entered: \_\_\_\_\_ Completed By: \_\_\_\_\_

### ADD/DROP CLASS

TERM:  Fall  Spring  Summer Year: \_\_\_\_\_

ADD/DROP	COURSE ID	COURSE TITLE	SECTION
A / D			
A / D			
A / D			
A / D			
A / D			
A / D			

**OFFICIAL USE ONLY**  
 CHARGE: Yes No  
 AMOUNT: \$50.00 Other  
 COMMENTS:  
 Completed By: \_\_\_\_\_

**OFFICIAL USE ONLY:** Date Entered: \_\_\_\_\_ Completed By: \_\_\_\_\_

### TRANSCRIPT/LETTER OF GOOD STANDING

<p><b>Transcript Policy:</b> 1) All Transcripts are \$5.00 each payable in advance (no charge for BAR transcripts); 2) Transcripts are not issued until all outstanding accounts with SLS are paid in full. Please allow 3 to 5 business days for processing. <b>Unofficial transcripts can now be accessed online.</b></p> <p><b>Official Transcripts</b></p> <p><input type="checkbox"/> Include Class Rank on Transcript</p> <p><input type="checkbox"/> # of Official Copies _____</p> <p><input type="checkbox"/> Send only after grades are posted</p>	<p>Please write addresses on back of this sheet or attach. Confirm correct address for each school. There is no charge for Letters of Good Standing. Send request to the Assistant to the Associate Dean.</p> <p><b>Letters of Good Standing</b></p> <p><input type="checkbox"/> Include Class Rank on Letter</p> <p><input type="checkbox"/> Send only after grades are posted</p>
<p><b>OFFICIAL USE ONLY: Charge:</b> <input type="checkbox"/>Yes <input type="checkbox"/>No Fee: _____</p> <p>Date Paid: _____ Date Mailed: _____ By: _____</p>	<p>Date Mailed: _____ Completed By: _____</p>

### WITHDRAWAL

<p><input type="checkbox"/> WITHDRAW ENROLLMENT TERM: <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer Year: _____</p> <p>REASON: _____</p> <p>FINANCIAL APPROVAL: _____ AMOUNT DUE: _____</p>	<p><b>OFFICIAL USE ONLY:</b>  <u>TERMS OF WITHDRAWAL:</u>           ACADEMIC DEAN: _____</p>
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### OTHER

ENROLLMENT VERIFICATION:  
 OTHER INSTRUCTIONS: \_\_\_\_\_