



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>Transcript Policy: 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. Unofficial transcripts can now be accessed online.</p> <p>Official Transcripts</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>OFFICIAL USE ONLY: Charge: <input type="checkbox"/>Yes <input type="checkbox"/>No Fee: _____</p> <p>Date Paid: _____ Date Mailed: _____ By: _____</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.</p> <p>Letters of Good Standing</p> <p><input type="checkbox"/> Include Class Rank on Letter</p> <p><input type="checkbox"/> Send only after grades are posted</p> <p>Date Mailed: _____ Completed By: _____</p>
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WITHDRAWAL/LEAVE OF ABSENCE

<p><input type="checkbox"/> WITHDRAW ENROLLMENT <input type="checkbox"/> LEAVE OF ABSENCE 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>OFFICIAL USE ONLY: TERMS OF WITHDRAWAL/LOA: VICE DEAN: _____</p>
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OTHER

ENROLLMENT VERIFICATION:
 OTHER INSTRUCTIONS: _____

Transcript requests, Enrollment Verifications, Letters of Good Standing and change of personal information should be sent to Amy Ervin, Assistant to the Vice Dean. This form may be mailed, hand-delivered, emailed or faxed to 912-525-3915.