

OFFICE OF THE REGISTRAR --- REQUEST FOR STUDENT INFORMATION

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Dept. or organization: _____

Faculty/staff signature: _____

Contact name: _____

BE VERY SPECIFIC



For Undergraduate students:

x Classification is: SR [90+ hrs] JR [60+ hrs] SO [26+ hrs] FR [<26 hrs]

x 3 & O D V V L 2 I \$ X J X V W ' H F H P E H U 0 D \ J U D G X D W H V L H & O D V V R I L

FORMAT: _____ LIST (print out) _____ E-MAIL ATTACHMENT

SORT SEQUENCE: _____ ALPHA _____ ZIPCODE SPECIFY OTHER: _____