**STUDENT ACTION REQUEST FORM**

**PLEASE PRINT LEGIBLY.**

<table>
<thead>
<tr>
<th>NAME:</th>
<th>SSN:</th>
<th>ADDRESS:</th>
</tr>
</thead>
<tbody>
<tr>
<td>PHONE:</td>
<td>BUS#:</td>
<td>CITY:</td>
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</tbody>
</table>

**Currently Enrolled:**

- Day
- Evening
- ☐ 1D
- ☐ 2D
- ☐ 3D
- ☐ 1E
- ☐ 2E
- ☐ 3E
- ☐ 4E
- ☐ Audit
- ☐ F/T
- ☐ P/T

**IF NO LONGER ENROLLED:**

- ☐ LAST DATE OF ATTENDANCE
- ☐ DATE OF GRADUATION

**TYPE OF REQUEST:**

- ☐ PERSONAL INFO
- ☐ ADD/DROP CLASS
- ☐ TRANSCRIPT REQUEST
- ☐ WITHDRAWAL
- ☐ OTHER

**DATE OF REQUEST:** ____________________________

**SIGNATURE:** ____________________________

**PERSONAL INFORMATION**

- ☐ ADDRESS CHANGE: ____________________________
- ☐ PHONE CHANGE: Residential: ____________________________
- ☐ NAME CHANGE: Previous Name: ____________________________
- ☐ Previous Name: ____________________________

**OFFICE USE ONLY**

- Date Entered: ____________
- Completed By: ____________________________

**ADD/DROP CLASS**

**TERM:**

- ☐ FALL
- ☐ SPRING
- ☐ SUMMER
- ☐ YEAR:

<table>
<thead>
<tr>
<th>COURSE ID</th>
<th>COURSE TITLE</th>
<th>SECTION</th>
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**OFFICE USE ONLY**

- CHARGE: ☐ YES ☐ NO
- AMOUNT: ☐ $50.00 ☐ OTHER
- COMMENTS:

**COMPLETED BY:** ____________________________

**TRANSCRIPT REQUEST**

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 JMLS are paid in full. Please allow 3 to 5 five business days for processing.

Select all that apply:

- ☐ STUDENT COPY AVAILABLE ONLINE
- ☐ Official Copy, # of copies: _______
- ☐ Include Class Rank on transcript
- ☐ Letter of Standing (See Sylvia Fernandez-Dean’s Office)
- ☐ Send only after grades are posted

#1 Address: ____________________________

#2 Address: ____________________________

**OFFICE USE ONLY**

- Charge: ☐ YES ☐ NO
- Fee: ____________
- Date Paid: ____________
- Date Mailed: ____________
- By: ____________________________

**WITHDRAWAL**

- ☐ WITHDRAW ENROLLMENT

<table>
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<tr>
<th>TERM:</th>
<th>FALL</th>
<th>SPRING</th>
<th>SUMMER</th>
<th>YEAR:</th>
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**OFFICE USE ONLY**

- TERMS OF WITHDRAWAL:
- FINANCIAL APPROVAL: ____________________________
- AMOUNT DUE: ____________
- ACADEMIC DEAN: ____________________________

**OTHER**

- ☐ PLEASE SPECIFY YOUR REQUEST: ____________________________

This form may be mailed, hand-delivered or faxed (404-873-3802) – Attn: Registrar.