

(02/19)

Inquiry/Request Form

| Full Name | | Student ID | |
|---|--|--|---|
| (First) Date | (Middle) | (Last) | |
| Lee Email | | | ail |
| Subject | | | |
| What is your situation? (Provide details as needed, such as will assist with research.) | dates, course names/ | number/section, instru | actor's name, or any other detail that |
| | | | |
| | | | |
| What are you requesting us | | | e? |
| Signature of Student | | | <i>-</i> - |
| 423.614.8204, or mail to Lea | e University Recor us an email attach | rds Office, PO Box ment <u>only if your c</u> | rds Office in person, by fax to a 3450, Cleveland, TN 37320-details do not include grades, research and processing. |
| ******** | ****** | ****** | ********* |
| For Office Use Only: Action Taken: | | | |
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- Attach all support that validates or verifies the history on this case (emails, phone calls).
- For student billing adjustments, submit documentation of schedule changes (adds/withdrawals) to Business Office by submitting (1) a drop/add slip signed by the student along with (2) a copy of this inquiry form to explain the lateness of the add/drop/withdrawal.