



STUDENT ACTION REQUEST FORM

PLEASE PRINT LEGIBLY.

NAME: _____ SSN: _____ ADDRESS: _____
PHONE: _____ BUS#: _____ CITY: _____ STATE: _____ ZIP: _____
Currently Enrolled: Day Evening
☐ 1D ☐ 2D ☐ 3D ☐ 1E ☐ 2E ☐ 3E ☐ 4E ☐ Audit ☐ F/T ☐ P/T
IF NO LONGER ENROLLED: ☐ LAST DATE OF ATTENDANCE **OR** ☐ DATE OF GRADUATION _____
TYPE OF REQUEST: ☐ PERSONAL INFO ☐ ADD/DROP CLASS ☐ TRANSCRIPT REQUEST ☐ WITHDRAWAL ☐ OTHER
DATE OF REQUEST: _____ SIGNATURE: _____

PERSONAL INFORMATION

☐ ADDRESS CHANGE: _____ City: _____ State: _____ Zip: _____
☐ PHONE CHANGE: Residential: _____ Business: _____ Cell: _____
☐ NAME CHANGE: Previous Name: _____ New Legal Name: _____

OFFICE USE ONLY Date Entered: _____ Completed By: _____

ADD/DROP CLASS

TERM: ☐ FALL ☐ SPRING ☐ SUMMER YEAR: _____
☐ **Add**

COURSE ID	COURSE TITLE	SECTION

☐ **Drop**

OFFICE USE ONLY

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

COMPLETED BY: _____

OFFICE USE ONLY Date Entered: _____ 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 business days for processing.

Select all that apply:

STUDENT COPY AVAILABLE ONLINE

- ☐ Include Class Rank on transcript
☐ Other: _____

☐ Official Copy, # of copies: _____

☐ 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 TERM: ☐ FALL ☐ SPRING ☐ SUMMER YEAR: _____

REASON: _____

FINANCIAL APPROVAL: _____ AMOUNT DUE: _____

OFFICE USE ONLY

TERMS OF WITHDRAWAL:

ACADEMIC DEAN: _____

OTHER

☐ PLEASE SPECIFY YOUR REQUEST: _____

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