

**STUDENT INFORMATION**

Name \_\_\_\_\_

Social Security Number (for financial aid) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

UID Number (for all other offices) U \_\_\_\_\_

**To the Bursar's Office:**

The action indicated below has been processed on the student account indicated above. Please make the appropriate adjustment based on the following activity:

Term Affected	Activity Performed	Comments
	Retroactive Registration/Add Course	_____
	Retroactive Course Withdrawal (effective withdrawal back-dated)	_____
	Term Delete	_____
	Retroactive Award Issued	_____
	Retroactive Award Adjustment/Cancellation	_____
	Residency Classification Change	_____
	Other (Please describe)	_____

Official Requesting Adjustment \_\_\_\_\_ Date \_\_\_\_\_ Email \_\_\_\_\_ Ext. \_\_\_\_\_

***Processed by Bursar's Office***

Comments:

Staff Name \_\_\_\_\_ Date \_\_\_\_\_