



Office of the University Registrar  
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## STUDENT INQUIRY FORM

PLEASE PRINT CLEARLY

Student ID:

Date:   -   -

(Month, Date, Year)

Name: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Email Address: \_\_\_\_\_

### Reason for your visit:

Problems with Transcript and/or Advising Report

VA or TA Problem or Questions

Transfer Credit not on AAR or Transcript

Course Substitution Problem

Change expected graduation date: \_\_\_\_\_

\*Non Attendance of a class-Action requested: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Request for Enrollment Verification\*\* (Address or Fax number): \_\_\_\_\_

\_\_\_\_\_

Other: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Office Use Only:

Processed by: \_\_\_\_\_ Date: \_\_\_\_\_

**\*DOCUMENTS MUST BE ATTACHED TO SUPPORT REQUEST\***  
(Enrollment verification for future semester(s) are not processed until after the add/drop period)

Revised 6/2014