

OFFICE OF THE UNIVERSITY REGISTRAR, GEORGETOWN UNIVERSITY REPORT REQUEST FORM

Name: _____ Phone: _____ Ext. _____

Office/Organization: _____ Fax: _____

E-Mail Address: _____

PLEASE CIRCLE AT LEAST ONE ITEM IN EACH BOX

<p>1. ITEMS REQUESTED</p> <table style="width: 100%;"> <tr> <td>List(s) # _____</td> <td>Gummed Labels # _____</td> <td>Cheshire Labels # _____</td> </tr> <tr> <td>E-Mail File _____</td> <td>Transcripts (Schools & Depts. Only)</td> <td>Student Enrollment Statistics</td> </tr> <tr> <td>Degree Audits _____</td> <td>Degree Audit Pass List _____</td> <td>Other _____</td> </tr> </table>	List(s) # _____	Gummed Labels # _____	Cheshire Labels # _____	E-Mail File _____	Transcripts (Schools & Depts. Only)	Student Enrollment Statistics	Degree Audits _____	Degree Audit Pass List _____	Other _____	<p>2. INFORMATION REQUESTED</p> <table style="width: 100%;"> <tr> <td>Student Name</td> <td>Student Number</td> <td>School</td> <td>Class</td> </tr> <tr> <td>Major</td> <td>QPI</td> <td>Local Address</td> <td>Perm. Address</td> </tr> <tr> <td>Parent(s) Address</td> <td>All NOK Addresses</td> <td>Local Phone</td> <td>Perm. Phone</td> </tr> <tr> <td colspan="4">Other _____</td> </tr> </table>	Student Name	Student Number	School	Class	Major	QPI	Local Address	Perm. Address	Parent(s) Address	All NOK Addresses	Local Phone	Perm. Phone	Other _____			
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Other _____																										

3. SELECTION

Term: Fall Spring Summer 20__

UNDERGRADUATE STUDENTS

COL	MSB	NUR	SFS	CED	CON	All	GRD MBA PBPO	GDM MSFS CCTP	ALL MSN Other
First Years		Sophomores					_____		<p>ALL MAIN CAMPUS STUDENTS</p> <p>We provide reporting for matriculated students on the Main Campus only.</p> <p>For info on incoming freshmen, call 687-3500.</p> <p>For Law Center reports, call 662-9230.</p> <p>For Medical Center reports, call 687-1245.</p>
Juniors		Seniors					_____		
All Seniors in the Graduating Class of 20__ (August, December, and May)						Include: Thesis Research Y or N Continuous Reg. Y or N			

Other Specifications _____

Include Study Abroad? Y or N	GED? Y or N	Non-Degree? Y or N
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4. SORT BY

name	school	class	dorm	major	grad/undergrad
zip code	on-/off-campus	HoyaStation	Standard	Other _____	

5. DUE DATE: _____
(Turnaround is two work days.)

PLEASE READ AND SIGN: I agree to maintain the confidentiality of the reports provided by using them exclusively for the intended purpose of my office or organization, by storing them in a secured area and by disposing of them in a confidential manner.

Signature: _____ Date: _____

Approval (for student groups only) _____ Date: _____

SIGN WHEN PICKING UP: I agree to maintain in the confidentiality of these reports by immediately delivering them to the person whose signature appears above.

Signature: _____ Date: _____

SEND REQUESTS TO G-01 WHITE-GRAVENOR, FAX TO EXT. 7-3608, OR SEND E-MAIL TO SMITHEV1@GEORGETOWN.EDU. PLEASE CALL EXT. 7-4020 WITH QUESTIONS.