

Student Records Correction/Adjustment Request (For Department Use Only)

Registrar's Office

160 East Tenth Street, Claremont, CA 91711 ◆ Ph. (909) 621-8285 ◆ Fax (909) 607-7285 ◆ student.records@cgu.edu

Preserving the integrity of the historical chronology within a student record is of critical importance since compliance is required by accrediting, government, and higher education regulations and standards. Adjustments and corrections to student enrollment records should only be requested if valid reasons can be documented or demonstrated. Because **the transactions requested on this form impact financial accounting both for your department and for the campus**, you must (1) attach department or student documentation relevant to this request and (2) provide a detailed explanation and other pertinent information that may facilitate a resolution for your request. This form is used only by departments and is submitted to the Registrar. Tuition refunds require approval of the dean.

Student Information Last Name		CGU ID# 254		
		First Name	Middle	
Semester	Subject	Catalog #	Class #	Action Requested
Semester	Subject	Catalog #	Class #	Action Requested
Enrollment – Spec	cify courses listed abo	ove. Other	Student Records	
Waive the	Late Registration Fee.		_ Correct Transcript	information – except grades. (Explain belo
Waive the	Enrollment Change (Ad	d/Drop) fee.	_ Other (Explain belo	ow.)
Refund tuit	tion at%			
Requested By				
Name				
Department/Schoo	l			
Signature				Date
	Αŗ	oproval of the Dean – Ro	equired for Tuition F	Refunds
Signature				Date
		Submit Complete	d Form to Registrar	's Office

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