



Inquiry/Request Form

Full Name _____ Student ID _____

(First) (Middle) (Last)

Date _____ Cell # _____

Lee Email _____ Personal Email _____

Subject _____

What is your situation?

(Provide details as needed, such as dates, course names/number/section, instructor's name, or any other detail that will assist with research.)

_____.

What are you requesting us to do in order to resolve this issue?

_____.

Signature of Student _____

Instructions: Please return this form to the Lee University Records Office in person, by fax to 423.614.8204, or mail to Lee University Records Office, PO Box 3450, Cleveland, TN 37320-3450. You may also send it as an email attachment only if your details do not include grades, GPA, SS#, religion, or ethnicity. Please allow sufficient time for research and processing.

For Office Use Only:

Action Taken:

_____.

- Attach all support that validates or verifies the history on this case (emails, phone calls).
- For student billing adjustments, submit documentation of schedule changes (adds/withdrawals) to Business Office by submitting (1) a drop/add slip signed by the student along with (2) a copy of this inquiry form to explain the lateness of the add/drop/withdrawal.