



# STUDENT ACTION REQUEST

OFFICE OF THE REGISTRAR  
 POST OFFICE BOX 8104 ✦ 300 COLLEGE STREET, NORTHEAST  
 ORANGEBURG, SC 29117-0001 ✦ (803) 536-7185 ✦ FAX: (803) 536-8602

Please Print Clearly:

Campus Wide ID	Name (Last, First, M.I.)	Work Telephone
E-mail Address	Mailing Address (Street, City, State, Zip)	Home Telephone
Student Signature (Required)		Date

**Service Requested? Please mark all boxes that apply:**

- Grade Problems       Graduation       Registration       Residency       Course Descriptions
- Overnight Express       Fax       Re-ordering Diploma       Mailing Diploma
- Academic Review Board       Enrollment Verification       Veteran Certification
- Transcript Problems       Other (please explain) \_\_\_\_\_

**Attendance Information**

Institution	Dates (Month/Year)		Degree(s) Awarded If Applicable	Date Awarded (Month/Year)	
	From	To			

**Special Instructions or Remarks**

_____ _____ _____
-------------------------

Processed By:	Date:
---------------	-------

**SERVICE FEES**

*FEES ARE SUBJECT TO CHANGE.*

Transcripts    \$10.00	Faxes            \$5.00	Duplicate Diploma    \$50.00	Course Description(s) 1 – 3 courses            \$ 2.00 4 – 6 courses            \$ 4.00 7 – 9 courses            \$ 6.00 10 – 12 courses        \$ 8.00 US Postal Service Overnight Mailing (U.S. Destinations only)    \$13.95
------------------------	-------------------------	------------------------------	---

Holds <input type="checkbox"/> Yes <input type="checkbox"/> No    Type _____	Date Received	<input type="checkbox"/> Cash <input type="checkbox"/> Check	Amount Received	Initials/Cashier
--	---------------	---	-----------------	------------------

Please provide a mailing address for forwarding the materials requested. Print clearly in the area provided.

---



---



---