



Wayne County Community College District

STUDENT INQUIRY FORM

LOCATION: Downriver ___ Downtown ___ Eastern ___ Northwest ___ Western ___ District Office ___

PLEASE PRINT

Name _____ Student A# _____

Address _____ City _____

State _____ Zip _____ Telephone _____ Email _____

Semester occurred _____

- Nature of concern (check):
- Financial Aid
 - Records/Registration
 - Financial Aid/hold
 - Student Loan
 - Admissions
 - Payroll
 - Cashier
 - Library hold release
 - Underpayment hold release
 - Advisor
 - Academic
 - Others

Nature of problem or request:

Student signature

Date submitted

Staff name (print)

OFFICIAL USE ONLY

Recommended action:

Referred To

- Registration
- Financial Aid
- Business Office
- Records
- CAO/SSA

Refund

- Tuition
- Lab fee(s)
- Activity fee
- Application fee
- Other (explain)

Other

- Registered student
- Drop student
- Even exchange
- 100% refund
- 50% refund

Comments/Recommendation:

Administrator

Date

Approved by