REQUEST FOR ENROLLMENT CORRECTION

NAME:		DATE:
ID NUMBER (N NUMBER)		HOME PHONE:
EMAIL:		CELL PHONE:
SEMESTER IN QUESTION:		ND/OR
CLASS IN QUESTION CO	OURSE TITLE:	
co	OURSE SUBJECT/NUMBER (i.e. MA	TH 1513):
СС	OURSE CRN:	
Describe the circumstances leading to your request for an enrollment correction. Include any relevant dates, persons or offices with whom you communicated, and your desired resolution.		

Please attach all appropriate supporting documentation.

This form may be submitted to the Office of the Registrar in Tahlequah or the Enrollment Management Center in Broken Arrow in person, via US mail or by fax:

Office of the Registrar, 701 N Grand Ave, Tahlequah, OK 74464; fax (918) 458-9638 Enrollment Management Center, 3100 E New Orleans, Broken Arrow, OK 74014; fax (918) 449-6190