



REQUEST FOR REPLACEMENT DEANS LIST LETTER

MAIL OR BRING FORM TO:

Columbus State Community College
550 East Spring Street
Records and Registration Department
Madison Hall, Room 201
Columbus OH 43215

PLEASE ALLOW SEVEN (7) BUSINESS DAYS FOR PROCESSING THIS REQUEST

COMPLETION OF ALL FIELDS IS REQUIRED FOR PROCESSING

The Dean's List is for students who have a grade point average (GPA) of 3.5 or better and have completed 6 credit hours or more for the quarter. Letters are mailed out to the student within 6 weeks after the end of each quarter. This request will not be processed for students seeking a current Deans List letter until at least three weeks after the mailing date.

STUDENT INFORMATION (PLEASE PRINT):

Name: _____
LAST FIRST MI

CougarID Number: _____ Date of request: ____/____/____

Address: _____ Apt. Number _____

City: _____ State: _____ ZIP Code: _____

Telephone Number (Daytime): (____) _____

Student Signature (Required): _____

QUARTERS AND YEARS FOR DEANS LIST LETTERS TO BE REPLACED

Summer _____ Autumn _____ Winter _____ Spring _____

Summer _____ Autumn _____ Winter _____ Spring _____

FOR OFFICE USE ONLY

Date received by department: ____/____/____ Date mailed to student: ____/____/____

Completed by (Please print - Required): _____

Signature (Required): _____