

Request to Review My Columbus State Community College Student Record

In person:	Columbus Campus: Student Central, Upper Level, Madison Hall Delaware Campus: Student Services, Moeller Hall	
By mail:	Columbus State Community College ATTN: Registrar AQ-126 550 East Spring Street Columbus, OH 43215	Date Received (retrieve all peripheral items):
Via email:	registrar@csc.edu	
<p>All fields must be completed for request to be processed. Please allow up to four (4) weeks for retrieval of records. Please Note: You will not receive a copy of the requested record. The record may be viewed only at the time of the appointment.</p>		

Student Information (Required):

Last Name: _____ First Name: _____ M.I. _____

Cougar ID Number: _____ Telephone: _____

Current Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Item of Record to Review (Required):

- | | |
|--|---|
| <input type="checkbox"/> Administrative Withdrawal Request/Appeal | <input type="checkbox"/> GED Scores |
| <input type="checkbox"/> Admissions Application | <input type="checkbox"/> International High School Transcript |
| <input type="checkbox"/> Change of Grade | <input type="checkbox"/> Transcript from another College/University |
| <input type="checkbox"/> Early Grade Release for Graduates of Other Institutions | <input type="checkbox"/> Tuition Refund Request/Adjustment/Appeal |
| <input type="checkbox"/> High School Transcript | <input type="checkbox"/> Other: _____ |

By signing below, I acknowledge that an appointment will be scheduled for me with the Registrar once my records have been retrieved and are ready for viewing. I understand that if I am unable to attend this appointment, I am responsible for rescheduling, and that my records will only remain available for five (5) business days.

Student Signature (Required): _____ **Date:** _____**Curriculum Management / Registrar**