

**Elizabeth City State University  
Office of the Vice Chancellor for Academic Affairs  
Student Academic Inquiry Form**



**STOP** : Before delivering this Form to the Office of the Provost and Vice Chancellor for Academic Affairs, you must seek assistance, obtain signatures with current date from each of the following individuals in the box below. Obtaining signatures indicate you have followed the “chain of command” to have your request/inquiry resolved. If there are questions regarding this form, you may contact the Office above at: 252-335-3291.

Instructor: _____/Date: _____	Advisor: _____/Date: _____
Chair: _____/Date: _____	Dean: _____/Date: _____

Date \_\_\_\_\_ Banner I.D. # \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Current Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

Classification: Freshman Sophomore Junior Senior Gr. Senior Other \_\_\_\_\_

Major \_\_\_\_\_ Cumulative GPA \_\_\_\_\_ Advisor \_\_\_\_\_

*Nature of Inquiry* \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

(More lines, if needed, on reverse side/next page of this form. Attach additional forms/letters if necessary.)

*If you are completing this Form for the ECSU student with a request or inquiry, please provide us with the following:  
(Please Print)*

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Relationship to Student \_\_\_\_\_

**FOR OFFICE USE ONLY. DO NOT MARK BELOW THIS LINE**  
Mark Accordingly

**Action Taken**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Issue Forwarded to Vice Chancellor for Academic Affairs or Others

Name: \_\_\_\_\_ Date: \_\_\_\_\_



