

RANK IN CLASS/ COLLEGE REQUEST FORM

PLEASE NOTE: RANK IN CLASS/COLLEGE IS AVAILABLE ONLY FOR FULL TIME, DEGREE SEEKING UNDERGRADUATES OR GRADUATING SENIORS.

INSTRUCTIONS: Please print clearly and read carefully.

You may pick up this letter (WITH A PHOTO ID) after five business days, or provide an address for it to be mailed. Please sign where indicated. **If you fail to sign this form, your request will NOT be processed.**

Student Z Number: _____ Student Name: _____

Term Year Requested: _____ E-mail Address: _____

PLEASE CHECK APPROPRIATE COLLEGE BELOW:

- | | |
|--|--|
| <input type="checkbox"/> Dorothy E Schmidt College of Arts & Letters | <input type="checkbox"/> Harriet L. Wilkes Honors College |
| <input type="checkbox"/> Barry Kaye College of Business | <input type="checkbox"/> Christine E. Lynn College of Nursing |
| <input type="checkbox"/> College of Education | <input type="checkbox"/> Charles E. Schmidt College of Science |
| <input type="checkbox"/> College of Engineering and Computer Science | <input type="checkbox"/> College of Architecture, Urban and Public Affairs |

CHOOSE ONE OF THE FOLLOWING OPTIONS:

OPTION 1: ☐ I will pick up (with a photo ID) after five business days. Requests will be held for two weeks.

OPTION 2: ☐ Please mail my rank in class to address below.

If no address is provided, form will be filed for you to pick up.

WE DO NOT FAX RANK IN CLASS REQUESTS

Student Signature: _____ Date: _____

For Office Use Only

Rank: _____ Out of: _____

In the college of: _____

for the: _____ semester.

Signature (Verification Department): _____ Date: _____