**ADMINISTRATIVE/PROXY REQUEST**

ARIZONA STATE UNIVERSITY

UNIVERSITY REGISTRAR’S OFFICE

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| Department/College: | Program Title: | Representative Name:  | Request Date:  |
| Representative Phone:  | Fax:  | E-mail:  | Year:  | Semester:  |
| **(Check All that Apply):** [ ]  Fax the Schedule/Billing Statements to the representative after the request is processed. [ ]  Notify the representative when the request is processed. [ ]  Forward the Schedule/Billing Statements to the Tuition Payment Office after the request is processed.  |
| (Check One) |
| **[ ]  Administrative Request \*\***Administrative Requests are initiated by the College/Academic Unit with proper authorization. An authorized signature is required.  | **[ ]  Proxy Transaction** Proxy Transactions are initiated by the student’s proxy. A proxy form, signed by the student, must be attached.  |
| **ASU ID Number** | **Last****Name**  | **First** **Name**  | **SLN** | **Credit****Hours** | **Course Prefix & Number** | **Transaction****Type** | **Backdated WD Date** | **F1****J1\*** | **Audit\*** |
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| Reason for transaction:  |
| Authorized Signature of College/Academic Unit(Required for an Administrative Request): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Registrar Office Use Only  |
| File Date (If Different From Processed Date): | Processed Stamp:  |

\*\*For Administrative Requests this form may be e-mailed to dpcrecords@asu.edu from the appropriate college designee authorized to approve administrative transactions.

 \* Check box to indicate yes.