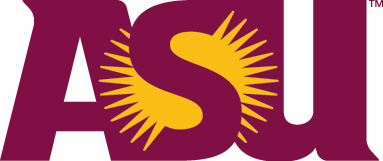
**ADMINISTRATIVE/PROXY REQUEST**

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](mailto:dpcrecords@asu.edu) from the appropriate college designee authorized to approve administrative transactions.

\* Check box to indicate yes.