

## General Inquiry Form

<b>Personal Information</b>	<b>Name</b>		<b>Student ID</b>	
	<b>Date of Birth</b>	. . . . .	<b>Contact Number</b>	(    )    -
	<b>Student E-mail</b>	@stonybrook.edu @fitnyc.edu	<b>Entry Yr/ Semester</b>	20 (    ) <input type="checkbox"/> Spring <input type="checkbox"/> Fall
	<b>Dept.</b>	<input type="checkbox"/> AMS <input type="checkbox"/> BUS <input type="checkbox"/> CS <input type="checkbox"/> MEC <input type="checkbox"/> TSM <input type="checkbox"/> ECE <input type="checkbox"/> FD <input type="checkbox"/> FBM		<input type="checkbox"/> UG <input type="checkbox"/> MS <input type="checkbox"/> PhD

<b>Inquiries</b>	<input type="checkbox"/> <b>Academic Advising</b> <input type="checkbox"/> Credit Transfer <input type="checkbox"/> University Requirements <input type="checkbox"/> Academic Standing <input type="checkbox"/> Academic Policy & Regulations <input type="checkbox"/> Rematriculation <input type="checkbox"/> Leave of Absence/Term Withdrawal <input type="checkbox"/> University Withdrawal <input type="checkbox"/> <b>Registrar Issue</b> <input type="checkbox"/> <b>Personal Information Change</b> <input type="checkbox"/> <b>Others</b> – <i>please provide detailed written statement in the blank below.</i>
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<b>Detailed Written Statement</b>	
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<b>Meeting Schedule</b>	<b>With Whom</b>					
	<b>Date / Time</b>	<input type="checkbox"/> Monday <i>(if applicable)</i>	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday <i>(if applicable)</i>
		-	-	-	-	-

<b>Int'l Student Checklist</b>	<input type="checkbox"/> <b>Required Documents</b> <input type="checkbox"/> RC <input type="checkbox"/> Visa type: <input type="checkbox"/> Expiration Date: <input type="checkbox"/> Passport <input type="checkbox"/> Expiration Date:	<input type="checkbox"/> <b>S-3 Work Permit</b> <input type="checkbox"/> Needed <input type="checkbox"/> Contact Student Services <input type="checkbox"/> No need	<input type="checkbox"/> <b>Vacation Plan</b> <input type="checkbox"/> Yes <input type="checkbox"/> Date of Departure:  <input type="checkbox"/> No

_____ <b>Student's Signature</b>	_____ <b>Date</b>
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### OFFICE USE ONLY

<b>Advising Note</b>	
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