



REPORT REQUEST | ENROLLMENT MANAGEMENT

1200 Murchison Rd., Fayetteville, NC 28301

lbreede1@uncfsu.edu | (910) 672-1170

Department: _____

Contact person(s): _____

E-mail address(es): _____

Phone number(s): _____

Report title: _____

Report description:

Please include each data field requested (i.e., Banner ID, student name, advisor name, major, minor)

Submission date: _____

PLEASE NOTE that Enrollment Management

- will not accept as soon as possible request
- must have at least 72 hours notice of the report request; and
- may complete a report within 3-5 business days, but not guaranteed based on the needs of the office.

You will receive confirmation e-mail once the request is processed.