



REPORT REQUEST | ENROLLMENT MANAGEMENT

1200 Murchison Rd., Fayetteville, NC 28301

[lbrede1@uncfsu.edu](mailto:lbrede1@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.