

YUIN UNIVERSITY 2007 E. Compton Boulevard • Compton, California 90221 Tel: (323) 947-3448 • Fax: (310) 609-1415 • info@yuin.edu www.yuin.edu

REQUEST / SUGGESTION

Date:					
From:	Last name First name (Studen	t, <u> </u>	ulty, _	Oth	ers)
То:	Admissions,Dean,President,PDSO,Board Chair,Others				
	In case of others, please write name:				
	Appointment Date and Time: / at am/pm				
l would	like to summit this request/Suggestion for the following purpose:				
А.	Absent or Excuse Absent:				
В.	Drop for the class attendance of semester or quarter:				
C.	Withdraw:				
D.	Transfer to other school:				
E.	Refund:				
F.	Certificate of Enrollment: Verification of Payment:				_
G.	Transcripts:				
	(Legal name in visa or passport) Last name: First name:				_
	Date of Birth: Date of Admission (in I-20 form):				
	Student ID Number: Name of Degree program:				
	Title of Dissertation (if Ph.D. degree):				
	Prior Education: (Degree) (School name)				
	(State in US or Country)(Year)				
Н.	Student ID card: (Submit Picture)				
	(Legal name in visa or passport) Last name: First name:				_
	Student ID Number: Date of Birth:				_
١.	Diploma: (Name of Degree)(Year Graduated)				
J.	Suggestion Topic:				
Explana	tions or Suggestions:				
Name (I	Print): Signature:	Date:	/	/	_
Admission Office Signature (For Admitting the form Not Approving)		Date:	/	/	_
Fee paid: \$ (by cash, check, credit card)					
Respon	sible Person Name & Title:				
Respons	sible Person Explanations (If needed)				
Respon	sible Person Approval Signature:	Date:	/		02.07.20