

OFFICE FOR ACADEMIC AND STUDENT AFFAIRS

Conference Request Form

Student I.D. or SS #: [REDACTED]

Date: 3-7-08

Time: 4:00 pm

Completion of this form will ensure faster, more effective service. Please supply all requested information.

Name _____
Last Name First Name Middle Initials

Campus Address _____
Room Number Residence Hall Telephone Number

Home Address _____
Street Address Post Office Box

City _____ County _____ State _____ Zip Code _____

Parent(s) or Guardian(s) Name _____
Last Name First Name Middle Initials

Instructor's Name _____ Course _____

Academic Advisor _____
Name Building Address

Please state fully and clearly your reason for coming to the Office for Academic and Student Affairs _____

I have been dropped from my courses for the spring 2008 semester. I have paid two tuition installments of \$587.00 on 02-08-08, and second installment of \$756.00 on 02-15-08 in addition to a scholarship check of \$1,250. The next installment of \$856 isn't due until March 21, 2008 and I still have been dropped.

Please state fully and clearly what action would most be satisfactory to you _____

In order to rectify the situation, I should be fully reinstated into all my classes without a reinstatement fee since the situation arose due to negligence of staff.

1) Before coming to the Office for Academic and Student Affairs, with whom did you discuss the business that brought you here? Financial Aid department

CHECK ALL APPROPRIATE CHOICES

- no one
- another student
- junior fellow
- senior fellow
- academic advisor
- department head or dean
- parents
- Other Financial Aid department staff

2) Did you call your instructor or the Office for Academic and Student Affairs for an appointment?

- Yes No

3) How long did you wait before someone helped you?

- 5-10 minutes 30-60 minutes
 15-30 minutes More than 1 hour

4) How were you received when you first called or entered the instructor's office or Departmental Office?

CHECK ALL APPROPRIATE CHOICES

- friendly, helpful
- unconcerned, hostile
- uncertain that I should be there
- unknowledgeable
- respectful, professional
- Other _____
(Please Specify)

By _____ Date _____
Academic and Student Affairs Staff

Final Action _____

APPROVED

By: [Signature]
Administrator Staff who solved the problem.

PRAIRIE VIEW A & M UNIVERSITY REINSTATEMENT PROCESS

Spring 2008

In order to ensure accurate and timely reinstatement to Prairie View A&M University during the period 1-30-08-2-11-08, you must present this form to the department(s) indicated below. If approvals from the departments are not received and noted, the Registrar will not reinstate the courses.

<u>STEP</u>	<u>DEPARTMENT</u>	<u>PROCESSED BY</u>	<u>DATE</u>
1a.	Financial Aid (MSC 3 rd floor)	_____	_____
(And/or)			
1b.	Treasury Services (Cashier's Window- W. R. Banks Building)	_____	_____

NOTE: This form **MUST** be completed. You may be reinstated provided that the Class (es) still exists at the time of reinstatement.

Student Information

I hereby request reinstatement for the period 1-30-08-2-11-08.

Student's Name (Print)	Student ID No.	Daytime Phone No.
Date: <u>02-07-08</u>	Student's Signature	
Official Use Only		
COMMENTS:		
REGISTRAR'S OFFICE:		
ENTRY DATE:		

APPROVED

[Signature]

5/7/08

Complete Student Information portion of this form and mail with payment to:
Treasury Services
P.O. Box 519; Mail Stop # 1329
Prairie View, Texas 77446-0519

W-20137 - SECURITY - YOU MAY NOT UPDATE ON THIS SCREEN
408 Billing Statement

Screen: ___ SID: [REDACTED] Ext: ___ SC: ___ Seq: ___ Term: 081 OFFICE FOR ACADEMIC AFFAIR
Date: 03-06-2008

Student Account
Calc Reqd Bill Date Deposits Acct Balance Current Due
N 03-06-08 \$0.00 \$856.00 \$856.00
08 MAR -6 PM 2:14

Date	Subcd	Description	Charges	Credits	Balance
01-14-08	50006	LATE REGISTRATION FEE	25.00		
02-12-08	50010	FINES	50.00*		
02-19-08	50010	FINES	50.00*		
01-14-08	50011	INSTALLMENT CARRYING FEE	36.00		
01-30-08	50013	REINSTATEMENT FEE	75.00*		
01-14-08	50024	RECORDS PROCESSING FEE	17.00		
01-16-08	59218	CREDIT TRANSFER	250.00*		
01-15-08	99013	SCHOLARSHIP		1,250.00	
02-08-08	99014			587.00	
02-15-08	99014			756.00	856.00

Current Due: 856.00

* Indicates non-deferrable charge

• DR. McFRAIZER
ACADEMIC
AFFAIRS

• Mrs. CLARK
REGISTRAR OFFICE

• FISCAL AFFAIRS
(CASHIERS
WINDOW)
W.R. BRUKS

APPROVED

3/2/08


McFrazier,Michael

From: McFrazier,Michael
Sent: Friday, March 07, 2008 4:32 PM
To: Dungey,Deborah; Davis,Irene
Cc: Maynard,Marilyn; Jackson,Equilla
Subject:

Ms.

This e-mail comes to give you authorization to reinstate _____ for the Spring 2008 term. She is currently in a drop retained status. The SIS System indicates (screen 408) that she received a \$1250 scholarship on 1/15/08 and made two visa payments on 2/08/08 and 2/15/08; however, she is still in a drop retained status. Ms. _____ has been instructed to come to your office tomorrow with an approved reinstatement form.

Please contact me if you have any questions, comments or concerns.

McFrazier