



Wallace Community College

Wallace Campus at Dothan, Sparks Campus at Eufaula

REQUEST FOR SERVICES FORM

Name _____ Date _____
Last First Middle

Student ID Number _____

Please complete this section below by placing an "X" in the left hand column to indicate the services you need.

X	SERVICES REQUIRED
	Degree Audit Major: Degree (please circle): AA AS AAS Certificate
	Enrollment Verification Time Period (please circle): Current Semester Enrollment History
	Completion of Form (attach form to this request)
	Transient Letter Institution: Major: Semester: Courses to be approved:
	Other (indicate service required)

Disposition of Information: Pick Up
 Mail (please provide address below)

Student Signature _____

FOR OFFICE USE ONLY	
Date Form Received _____	
Processed by _____	Date _____

If you require any special accommodations under ADA, please let us know.