



Solomon Amendment Request for Information

Email to:

REG-Data@arizona.edu

Fax: 520-621-3665

Phone: 520-621-9501

Name: _____

Service Branch: _____

Title and/or Rank: _____

Address: _____

Phone Number: ___ - ___ - ____

Request Date: _____

Selection Information:

Semester Data Required: _____ (current or previous only)

___ All students

___ Undergraduate students only OR First-Year ___ Sophomores ___ Juniors ___ Seniors ___

___ Graduate, Law & Medical Students only OR ___ Graduate students ___ Law students ___ Medical students

___ Graduate students (For previous semester requests, this will result in those students who actually graduated. For current semester requests, this will result in those students who are expected to graduate at the end of the semester.

Information To be Provided On:

E-mail as attached EXCEL file (e-mail address): _____

The following standard data will be included in the Excel file:

- Name
-Address
-Phone Number
-UA Email
-Major
-Class Level (e.g. First-Year, Sophomore, Junior, Senior, Graduate, Law, Medical)
-Expected Degree Check-out (if available)