



Rowan University
Glassboro, New Jersey

Registrar's Office
Data: (856) 256-4360

Report Request Form
regreports@rowan.edu

Name: _____

Date Request: _____

Department: _____

Date Required: _____

Phone: _____

Signature*: _____
(*required)

Details of and Reason for Request:

College: _____

Major: _____

Minor: _____

Concentration: _____

Class: _____

Other: _____

All reports will be emailed in the Excel spreadsheet format, which can then be sorted/filtered as needed.

****PLEASE NOTE** Requests are honored in the order received.
Please allow a minimum of 6 working days for processing.**

Authorization*: _____
(*if needed)

Date: _____

For additional information regarding accessibility of reports and reporting tools on the web, please visit
<http://www.rowan.edu/provost/registrar/faculty.html>.

FOR REGISTRAR'S USE ONLY

PROCESSED:
EMAILED:

DATE: _____
DATE: _____

FILE NAME: _____
TIME: _____