



EASTERN

Connecticut's Public Liberal Arts University

EASTERN CONNECTICUT STATE UNIVERSITY

INTERCULTURAL CENTER (IC)

STUDENT ACTION REQUEST FORM

STUDENT NAME: _____ DATE: _____ TIME: _____

PHONE NUMBER: _____ EMAIL: _____

PREFERRED METHOD OF CONTACT (PHONE/EMAIL): _____

REASON FOR VISIT: _____

AVAILABLE TIMES FOR A MEETING (IF APPLICABLE): _____

OFFICE USE ONLY:

1. Student Category:

(A) International _____, (B) Hartford Program _____, (C) NSE _____, (D) Study Abroad _____ (E), Other _____

2. Urge of Attention: _____

3. Date Completed and by whom: _____

4. What Form(s)/Info did you provide to the Student? _____
