



Washington University in St. Louis

Office of the University Registrar

Campus Box 1143

Fax: (314) 935-4268

Student Data Job Request

Requestor's Name: _____

Department/Office: _____

Phone: _____ E-mail: _____ Campus Box: _____

I am requesting student data from the University Registrar for the following purpose:

Please indicate: this is a new job **-or-** **I have received this job before** , date _____

Requested data (whether aggregate or detail):

Student population(s) to include – check all that apply:

- All Washington University students
- All undergraduate students
- All graduate students
- only students registered for classes in the current semester
- only students from a specific city, state, or foreign country: _____
- only students of a specific race/ethnicity: _____
- other: _____

Student population(s) to exclude:

- non-degree seeking students
- Medical Campus students
- Graduate students
- evening division students (University College, PBMA, EMBA, Sever Institute)
- students in online programs (OL/OnlineLaw division)
- students in nonresident programs
- other: _____

Additional notes/clarification:

Date Needed: _____ (**please allow 1 week mininum**)

Authorizing signature

Date

Feel free to call **Ryan at 5-5913** or **Sue at 5-5567** if you have any questions.