EUGENIO MARIA DE HOSTOS COMMUNITY COLLEGE
of the City University of New York
500 GRAND CONCOURSE, BRONX, NEW YORK 10451

REGISTRAR'S OFFICE
STUDENT INQUIRY FORM

Date:_____ **Telephone #** _____

NAME:_____ **Student Id #** _____

1. **Attach a copy of your transcript.**
2. **Explain the problem.**
3. **Indicate the semester that needs to be corrected.**

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