



Office of the University Registrar
201 Mullica Hill Rd.
Glassboro, NJ 08028
Phone: 856-256-4350
Fax: 856-256-4424

Solomon Amendment Request for Information

Email to registrar@rowan.edu

Requestor Name _____

Organization _____

Address _____

Phone: _____

Email: _____

Request date: _____

Semester Data Requested _____ (current or previous only)

Email address to which Information is to be provided as attached Excel file to (if different than above):

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

1. Name
2. Address
3. Telephone
4. Age (or year of birth)
5. Level of education (e.g., freshman, sophomore or degree awarded for a recent graduate)
6. Academic major