OM 305 **Inquiry Form**

Please email this form to: dpodobas@csusm.edu

Your name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please review my answers to the following problems:

Test:\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| Problem | Reason for the Request | Resolution |
| 1 | A | A |
| 2 | A | A |
| 3 | A | A |
| 4 | A | A |