

Office of the Registrar

Course Description Request

Student Name : _____

SS#: _____

Dates of Attendance: _____

Date of Graduation: _____

___ I would like to request course descriptions for the following courses:

| Course Name | Course # | Semester Taken |
|-------------|----------|----------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

___ I would like to request course descriptions for my entire transcript.

Course Descriptions are to be: ___ Picked up in person ___ Mailed ___ Faxed Number: _____

Mail To:

Name: _____

Address: _____

Student Signature: _____

Date: _____