

Request for Course Outline

PLEASE PRINT — INCOMPLETE OR INCORRECT INFORMATION WILL CAUSE DELAYS IN PROCESSING

Ms Mr _____
 Miss Mrs _____

Last Name

First Name

Middle Name

Previous Name(s) (if applicable)

Student # _____ **E-mail Address** _____ **Year(s) Attended** _____

Current Mailing Address _____
Apt # _____ Street Address _____ City _____

Province _____

Country _____

Postal Code _____

Daytime Telephone # _____

The cost for each Course Outline is \$3.

Course Number(s)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

I will pick up the course outline(s) **OR**

Mail the course outline(s) to the above address

EXTRA CHARGES

Fax: \$2 minimum or \$1 per page.

Special Handling: Costs will vary depending on destination. Please check with the Office of the Registrar.

Extra charges are over and above course outline fee.

Signature of Student

Date

For Office Use Only

Payment _____ Date Issued _____ Issued By _____

Method of Payment (for office use only)

Cash (do not send cash in the mail) Cheque Money Order MasterCard Visa American Express

Credit Card # _____ **Expiry Date** _____

Cardholder Name (if different from student) _____