



THE UNIVERSITY OF WINNIPEG Undergraduate Course Description Request Form

Student's Current Full Name _____

Former Name(s) (if applicable) _____

Student Number _____ Date of Birth _____

Phone Number _____ Email _____

I would like descriptions for all completed undergraduate courses

I would like descriptions for all undergraduate courses taken in the following:

Terms _____/_____/_____/_____/_____

Departments _____/_____/_____

I would like descriptions for the following undergraduate courses:

Department	Course#	Title	Term
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

****The fee is \$20 for a course description letter****

I would like to *pick up* at STUDENT CENTRAL

Please *mail* to the following address:

Special Instructions:

Signature of Student (or Designate) _____

Credit Card: _____ Exp. _____

****We cannot provide course syllabi. Please contact the relevant department if you require one****

OFFICE USE ONLY

Amount Received: _____ Date Received: _____ Date Completed: _____