

The University of Western Ontario
Office of the Registrar
Telephone: (519) 661-2100
Fax: (519) 850-2397

DATE: _____

Official Course Descriptions Request
(allow 1-2 weeks for processing)

Please print clearly

FULL NAME _____
First Middle Surname

STUDENT NUMBER: _____

CONTACT ADDRESS _____

DATE OF BIRTH: _____ / _____ / _____
month day year

CITY _____ PROV _____ POSTAL CODE _____

EMAIL ADDRESS _____

YEARS ATTENDED UWO: _____ - _____

DAY TIME PHONE NUMBER _____

We offer a course description service for **Undergraduate** Courses only. For **Graduate, Professional, or Faculty of Education or Special Topics** course descriptions, please contact the related department. Course descriptions are illustrations of the courses listed in the Undergraduate Academic Calendar.

Course descriptions will be sent by mail, courier, or held for pick up only. They cannot be emailed or faxed.

Course descriptions are \$2.00 per course described and is prepared for successfully completed courses only. Please specify if descriptions are also needed for the current term in progress. Fees are charged per set.

I would like course descriptions to be issued as follows:

_____ for all of my undergraduate record

_____ for the following undergraduate sessions only: _____

_____ for the following undergraduate courses only: _____

Mailing instructions:

_____ I will pick them up

_____ Send to the following address by:

_____ mail _____ courier

Phone _____

I certify that I am the student as stated:

X _____
Signature (digital signatures are not accepted)

FEES - All fees payable at time of request and are subject to change.

\$2.00 per course described (includes the cost of regular mail)

The following services are additional to the above fees:

Courier:	\$22.00 within Ontario	\$30.00 remainder of Canada
	\$40.00 USA	\$65.00 International

TOTAL AMOUNT PAYABLE \$ _____

***If paying by cheque/money order or cash/debit do not fax your order.**

Visa/MasterCard	Cash	Debit Card	Cheque/Money Order
-----------------	------	------------	--------------------

Cardholder's Signature: _____

Credit Card #: _____-_____-_____-_____

Expiry Date: ____/____