

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: \$23.00 within Ontario	\$31.00 remainder of Canada
\$44.00 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: \_\_\_\_/\_\_\_\_