

St. Cloud State University - Office of Records and Registration, AS 118

720 4th Avenue South

St. Cloud, MN 56301 - 4498

registrar@stcloudstate.edu

Phone: 320-308-3936/Fax: 320-308-2059

Request for Undergraduate Course Description(s).

Note: If syllabus is needed, contact the department offering the course.

SCSU ID# _____

Today's Date: ____/____/____

Complete name as shown on University records.

First	Middle	Maiden	Last
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Requesting course description(s) for the following:

Course Name	Course #	Term	Year	Course Title
(Ex. History	140	Spring	2002	America to 1865)

If more course description(s) are needed, use an additional form.

Email to: _____ OR fax: _____

OR mail to:

Name: _____

Address: _____

City, State, Zip: _____