

OFFICE OF RECORDS AND REGISTRATION
 ST. CLOUD STATE UNIVERSITY, AS 118
 720 4th AVENUE SOUTH
 ST. CLOUD, MINNESOTA 56301-4498
 PHONE: (320)308-2111 FAX: (320)308-2059
 registrar@stcloudstate.edu

REQUEST FOR UNDERGRADUATE COURSE DESCRIPTIONS

If syllabus is needed, contact the department offering the course

SCSU Student I.D. _____ Date: _____
Month Day Year

Name _____
First Middle Last Former (if applicable)

Requesting course description(s) for the following:

Dept	Number	Term	Year	Course Title
Ex ENGL	191	SPRING	2013	

If more course descriptions are needed, use an additional form.

Send via:

Email to: _____

Fax to: (_____) _____

Mail to: Name _____

Address _____

City, State, Zip _____