

OFFICE OF RECORDS AND REGISTRATION
 720 4th AVENUE SOUTH, AS 118
 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:

Department	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 _____