



**REQUEST FOR COURSE OUTLINES**

NAME: \_\_\_\_\_ STUDENT #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

TELEPHONE #: (home) \_\_\_\_\_ (cell) \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

PROGRAM & PROGRAM CODE ENROLLED IN OR GRADUATED FROM:  
\_\_\_\_\_

**COURSE OUTLINE(S) (cost \$12.00 each) + \$1.56 HST = \$13.56 per course outline.**

COURSE CODE & COURSE NAME:

_____	YEAR _____	TERM _____
_____	YEAR _____	TERM _____
_____	YEAR _____	TERM _____
_____	YEAR _____	TERM _____
_____	YEAR _____	TERM _____
_____	YEAR _____	TERM _____
_____	YEAR _____	TERM _____
_____	YEAR _____	TERM _____
_____	YEAR _____	TERM _____
_____	YEAR _____	TERM _____

METHOD OF PAYMENT: Cheque  Visa  Cash  Debit

Mastercard  Money Order  American  Direct

TOTAL PAID: \_\_\_\_\_

E-mailed  Mailed  Picked up

DATE REQUESTED: \_\_\_\_\_ BY: \_\_\_\_\_

DATE FORWARDED TO PROGRAM ASSISTANT:  
\_\_\_\_\_ TO: \_\_\_\_\_

DATE COMPLETED AND RETURNED: \_\_\_\_\_