

Request for Course Description

Please PRINT name and UFID. Information can be mailed or it can be picked up on the fifth business day after submitting the request.

Date _____

Student name _____ UFID or Social Security Number _____
 () _____

Name used when attending UF, if different from above _____ Area code Phone number _____

Dates attended UF _____ Graduation date _____

Degree(s) earned _____

Descriptions for courses taken 1999-Present are available online and will not be provided by the Registrar's Office.

Course Prefix and Number	Course Title	Year Taken	Course Prefix and Number	Course Title	Year Taken

Please provide as much information as possible in order to expedite this request.

Mail to: _____
 Name

House # _____ Street address _____ Apt. # _____

City _____ State _____ Zip _____

Student's address if different from mailing address. (A copy of the course description will be sent to this address).

FOR OFFICE USE ONLY

Request taken by _____ Date description mailed to requesting party _____