

STUDENT INFORMATION

LAST NAME	FIRST NAME
LANGARA ID	PHONE NO.
EMAIL	
ADDRESS	
CITY	PROVINCE
COUNTRY	POSTAL CODE

Please select one of the following options:

I will **Pick up course outlines** from Registrar and Enrolment Services

Email PDF to: Name Email

FAX to: Name Fax #

MAIL to the following:

NAME	ADDRESS
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COURSE OUTLINE(S)/DESCRIPTIONS REQUESTED

Course Outlines (Syllabus): provides a detailed outline of the course.

Course Descriptions: provides a basic description of the course content as published in the official College Calendar.

Course Code: (ex. ENGL 1127)	Semester Taken: (ex. Summer 2012)	Select one or both options: (Cost per: Course Outline - \$6 Course Description- \$3)	
1.		<input type="checkbox"/> Course Outline	<input type="checkbox"/> Course Description
2.		<input type="checkbox"/> Course Outline	<input type="checkbox"/> Course Description
3.		<input type="checkbox"/> Course Outline	<input type="checkbox"/> Course Description
4.		<input type="checkbox"/> Course Outline	<input type="checkbox"/> Course Description
5.		<input type="checkbox"/> Course Outline	<input type="checkbox"/> Course Description
6.		<input type="checkbox"/> Course Outline	<input type="checkbox"/> Course Description
7.		<input type="checkbox"/> Course Outline	<input type="checkbox"/> Course Description
8.		<input type="checkbox"/> Course Outline	<input type="checkbox"/> Course Description
9.		<input type="checkbox"/> Course Outline	<input type="checkbox"/> Course Description
10.		<input type="checkbox"/> Course Outline	<input type="checkbox"/> Course Description

PAYMENT INFORMATION

Payment authorization: VISA <input type="checkbox"/> Mastercard <input type="checkbox"/>	PAID STAMP HERE
Card No. <input type="text"/> Expiry <input type="text"/>	
Amount <input type="text"/>	
Card holder signature <input type="text"/>	

Fax to 604.323.5590 or deliver this request in person to the Registrar and Enrolment Services office.