Syllabus and Course Descriptions Request Form

Last name		First name		Last 4 of SS#		
Maili	ng Address	City		State	Zip	
Phone	e Number					
Email Address			Dates of Attendance			
Woul	d you like to receive your syl	labi by either (circle on	e): Email	or	Postal mail	
Pay E	By: (check one) Cash	Check Visa	M/C	Disc	cover	
Credit Card Number			Expiration			
U cod	le (3 digits on back):	_ Authorized Signatur	e:			
Please	e send all syllabi					
If you	are requesting specific indiv	idual syllabi, you must	provide the follo	wing ii	nformation:	
1)	Course Code & Section Nu	mber				
2) 3)	Course Title Course Instructor					
4)	Quarter when taken (e.g.,]	Fall 2012)				
,		d more room, please con	ntinue on another	page .)	
Fee S	chedule:					
	or hard copies of all syllabi					
	or hard copies of catalog page		tended			
\$75 fo	or both the above if ordered a	t the same time				
\$25 fo	or electronic copies of syllabi					
\$25 fo	or electronic copies of catalog	g pages				
\$35 f	or both the above if ordered a	t the same time				

If you have any questions, contact officemgr@swc.edu. You may fax this completed form to 505-471-4071, Attn: Office Manager