Capilano University

REQUEST FOR COURSE OUTLINE

REGISTRAR'S OFFICE, 2055 PURCELL WAY, NORTH VANCOUVER, BC V7J 3H5
FAX: 604.984.1798 PHONE: 604.984.4900

PLEASE PRINT

PERSONAL INFORMATION	
STUDENT NUMBER	
SURNAME – LAST OR FAMILY NAME	GIVEN NAMES
FORMER SURNAME (IF APPLICABLE)	
DATE OF BIRTH	
DAYTIME PHONE NUMBER	
STUDENT'S MAILING ADDRESS	
STUDENT'S SIGNATURE	DATE

PLEASE READ CAREFULLY

1. Course outline requests are processed in the order in which requests are received. Normal processing time for course outline requests is seven (7) working days. Course outlines are charged at $5.00 per copy.
2. During peak periods at least ten (10) working days should be allowed to process course outline requests.
3. A course outline will not be issued if any University account is outstanding. The student must clear all debts before a course outline will be issued.
4. Course outlines from other universities or colleges, which have been sent to our office for our files, cannot be copied. Copies must be obtained directly from the original institution(s).
5. Information on this form, as per section 35 of the Freedom of Information and Protection of Privacy Act of British Columbia, will be used, on a confidential basis, for the purposes of admission, registration, research, alumni, development and other purposes consistent with the mandate of the institution. Any question concerning the collection and use of this information should be directed to the Registrar.

COURSE OUTLINE REQUEST INFORMATION

Course Name/# _____ Section # _____ Year Taken: _____

Course Name/# _____ Section # _____ Year Taken: _____

Course Name/# _____ Section # _____ Year Taken: _____

Course Name/# _____ Section # _____ Year Taken: _____

Course Name/# _____ Section # _____ Year Taken: _____

Choose one of the following:

☐ I will pick up the course outline(s)

☐ Mail the course outline(s) to me at the above address

☐ Mail the course outline(s) to the address below

Mail course outline(s) directly to: Name _____

Address _____

_____

_____

OFFICE USE ONLY Date Issued: _____ Issued By: _____

PAYMENT INFORMATION ***(Fill this out portion of the form ONLY if faxing or mailing your request.)***

Total number of course outlines: _____ @ $5.00 each = _____

If paying by credit card, please include the following information:

MasterCard/Visa Number _____ Expiry Date _____

Name on Credit Card _____ Signature of Cardholder _____