

Request for Course Description

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

Date _____

Student name _____ () _____
 Area code Phone number

Name used when attending UF _____ UFIDx _____

Social Security Number _____ Dates attended UF _____

Graduation date _____ Degree(s) earned _____

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 _____

Send second copy to student address if different from mailing address.

<p>FOR OFFICE USE ONLY</p> <p>_____</p> <p>Date description mailed to requesting party</p>	<p>_____</p> <p>Telephone request taken by</p> <p>_____</p> <p>Date transcript requested from Record Retention or CRT</p>
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