COURSE DESCRIPTION REQUEST

STUDENT ID NUMBER
NAME / LAST               FIRST               INITIAL
CONTACT PHONE NUMBER

DATE RECEIVED

Please check the method of delivery:
☐ Will pick up     ☐ Fax
☐ Mail course description to:
Name of Person / Company
Street Address I
Street Address II

City
State
Zip code

FEE: $10 PER COURSE DESCRIPTION REQUEST

Make checks payable to: UC Regents

TOTAL FEES ENCLOSED

ków 000 QTR/YR

CREDIT CARD NUMBER
EXP. DATE
SIGNATURE

Mail to:
UC San Diego Extension
Student Services
9500 Gilman Drive, MC 0176H
La Jolla, CA 92093-0176

Fax to:
La Jolla (858) 534-8527

Check (if applicable):
☐ Rush ($20 additional charge, one business day service)
☐ Fax now ($5 each domestic, $10 international charge)
☐ FedEx express mail service ($15 additional charge)

1. Student can request up to three course descriptions per request form.
2. Make checks payable to “UC Regents.”
3. Please be sure you have supplied the correct mailing address.
4. Requests will be processed within five to seven business days.

For Office Use Only
Detail Code CRSDSC
Total fees paid

Qtr Year