

OFFICIAL SYLLABUS REQUEST

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Name _____	Academic Program _____
Address _____	Date _____
City, State, Zip _____	Student # or SS # _____
Other names used at Alverno _____	Telephone Number _____
	Dates of Attendance/Graduation Date _____

SYLLABI FEES

- \$10.00 per syllabus – due at time of request
- Syllabi mailed or ready for pick-up 1 week after request received

NUMBER OF SYLLABI REQUESTED: _____

Syllabi List: (Please provide a complete course name, instructor, and term/year of attendance, if possible, for each syllabus requested. For more than 3 syllabi a separate sheet may be attached)

Course Number & Name	Instructor	Semester/Year Taken
Course Number & Name	Instructor	Semester/Year Taken
Course Number & Name	Instructor	Semester/Year Taken

If syllabus is to be mailed to someone other than named person above, provide complete name and address of recipient(s).

****For fastest service provide email addresses for all recipients.**

FOR OFFICE USE ONLY

Amount Paid _____

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No. of pages _____

PAYMENT: We accept cash, check or credit.
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