

# OFFICIAL SYLLABUS REQUEST

**Send To:**  
Alverno College Archives  
PO Box 343922  
Milwaukee, WI 53234-3922  
414-382-6202  
[archives@alverno.edu](mailto:archives@alverno.edu)

Please PRINT

Name \_\_\_\_\_ Academic Program \_\_\_\_\_  
Date \_\_\_\_\_  
Address \_\_\_\_\_ Student # or SS # \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ Telephone Number \_\_\_\_\_  
Other names used at Alverno \_\_\_\_\_ 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

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.**



<b><u>FOR OFFICE USE ONLY</u></b>
Date _____
Sent _____
Email Y N _____
No. of pages _____