



**REQUEST FOR COURSE OUTLINES
OFFICE OF THE REGISTRAR**

STUDENT INFORMATION: STUDENT # OR DATE OF BIRTH: _____
NAME: _____ PROGRAM: _____
TELEPHONE NUMBER: _____ DATE REQUESTED: _____

COURSE OUTLINES CANNOT SENT BY FAX OR MAILED AT THIS TIME

Email address: _____

	COURSE #	FULL NAME OF COURSE	YEAR ATTENDED
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			

QUESTIONS REGARDING COURSE OUTLINES MAY BE DIRECTED TO records@flamingcollege.ca.