

STOCKTON UNIVERSITY

OFFICE OF THE REGISTRAR

101 Vera King Farris Drive, CC-203, Galloway, NJ 08205-9441
609-652-4235 (Phone) 609-626-5547 (Fax) registrar@stockton.edu

COURSE DESCRIPTION REQUEST

Request for Course Descriptions:

Course descriptions may be found in the course catalog. From Stockton's Home Page, type Registrar in the Search Box and click on Course Catalog under Frequently Access Information. To request a copy of a course description that cannot be found in the catalog, complete and submit this form to the Registrar's Office. Please allow 10 business days for processing.

STUDENT WHO IS OR WAS PREVIOUSLY ENROLLED AT STOCKTON UNIVERSITY:

Last Name While in Attendance First Name MI

Z Number or Last 4 Digits of SSN: _____

APPROXIMATE DATE/YEAR OF ATTENDANCE: _____

COURSE NAME AND NUMBER:

1. _____
2. _____
3. _____
4. _____

THE YEAR THE COURSE WAS COMPLETED:

1. _____
2. _____
3. _____
4. _____

ADDRESS WHERE THE COURSE DESCRIPTION IS TO BE MAILED:

Signature _____

Date _____