



# SYLLABUS REQUEST FORM

Student Name (Last, First):	Previous Last Name (if applicable):
Current Mailing Address (Street, City, Province, Postal Code):	

**Syllabi Requested:**

*There is a \$5.00 fee per syllabus requested.* Please list the year the class was taken and the name of the Professor who taught the course(s) for which you are requesting a syllabus.

<u>Course</u>	<u>Year</u>	<u>Professor</u>
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Eston College accepts **cash, debit, cheque, money order, or credit card.** Make cheques payable to Eston College. Fees cannot be charged to a student account.

**Fee Enclosed:** \$ \_\_\_\_\_

Credit Card Number:

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Type:  Visa       MC      Expiry Date (mm/yy):

Other

Verification Code: \_\_\_\_\_

**Completed forms can be sent to:**  
**Email:** registrar@estoncollege.ca  
**Fax:** (306) 962 3810  
**Mail:** Eston College  
 Registrar  
 Box 579, Eston, SK S0L 1A0

Signature \_\_\_\_\_

<b>OFFICIAL SYLLABI ORDER (\$5.00 per copy):</b>
To: <input type="checkbox"/> My address above in a sealed envelope <b>AND/OR</b> <input type="checkbox"/> The address below
Institution:
Attn:
Address:

<b>Office Use Only:</b>		
Request Received: _____	Mailing Date: _____	Payment Received: _____