

OFFICIAL SYLLABUS REQUEST

Send To:
 Alverno College Archives
 PO Box 343922
 Milwaukee, WI 53234-3922
 414-382-6202
archives@alverno.edu

Please PRINT

Academic Program _____

Name _____ Date _____

Address _____ Student # or SS # _____

City, State, Zip _____ Telephone Number _____

Other names used at Alverno _____ Dates of Attendance/Graduation Date _____

SYLLABI FEES

- \$5.00 per syllabus – due at time of request
- Syllabi mailed or ready for pick-up 1 week after request received (Standard Service)
- Note: If needed before 1 week, cost will be \$8.00 per syllabus (Rush Service)

NUMBER OF SYLLABI REQUESTED: _____ **Standard** _____ **Rush** _____

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

Course Number & Name	Instructor	Semester/Year Taken
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If syllabus is to be mailed to someone other than named person above, provide complete name and address of recipient(s).

**Beginning Spring 2004 syllabi available electronically.
 Provide email address if you want syllabi sent electronically:

FOR OFFICE USE ONLY

Amount Paid _____

Date _____

Sent _____

Email Y N _____

No. of pages _____

PAYMENT: We accept cash, check or credit.
 Make checks payable to: **ALVERNO COLLEGE (Please put "Library" in the Subject Line.)**

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