



LLU ID# or Social Security Number: _____

Full Name (Maiden): _____

Telephone Number: _____

E-mail Address: _____

REQUEST INFORMATION

Please indicate how you would like your course description(s) sent. Select **one** option only.

- Hold for pick-up Mail Email Fax

Name: _____

Address: _____

Fax/Email: _____

Request: All Courses or Selected Course(s) Below

Term (Ex. Spring 2011) *Course (Ex. STAT 414)*

PAYMENT INFORMATION

Fee: \$1.00 per page and processing time is 5 business days.

This fee is non-refundable and must be received before request is processed. We accept check or credit card (VISA, MasterCard, or Discover) payments. Please make checks payable to Loma Linda University.

- VISA MasterCard Discover Cardholder Zip Code: _____

Card Number: _____ Exp. Date: _____

Please note the Office of University Records must obtain authorization from Student Finance and Loan Collections in order to release course description information.

Signature: _____ Date: _____

If you have any questions please email registrar@llu.edu

Phone: (909) 558-4508 | Fax: (909) 558-0340