



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~~ Select only.

Hold for pick-up Mail % (P D L O) Fax

Name: _____

Address _____

Fax (P D L O) _____

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 _____ 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