

University of Maryland, University College (UMUC)
Course Description Request
(Please fill out this form, print, and return to the address below)

Student Name: _____

Student Contact Information:

Phone Number: _____ Email: _____

Address (where course descriptions should be sent):

Fax Number (where course descriptions should be sent, if applicable):

Course(s): ___ Undergraduate ___ Graduate

Year Semester Course Number Course Title

Year	Semester	Course Number	Course Title
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please send this form to:
UMUC Registrar's Office
3501 University Blvd. East
Adelphi, Maryland 20783 USA
Tel: 301-985-7236
Toll Free: 1-800-283-6832 ext. 7236
Fax: 301-985-7364
E-mail: registrar@umuc.edu