



Course Description Order Form

REQUIRED INFORMATION:

➤ Name (Please Print) _____ Social Security # _____

Student's Signature _____ Today's Date _____

Other Name(s) Used _____

STUDENT CONTACT INFORMATION:

Current Address _____

Phone Number _____ E-mail _____

COURSE DESCRIPTIONS DESIRED FOR THE FOLLOWING COURSES:

Course Title	Course Number	Reg. Number	\$6 fee per course
TOTAL FEE:			\$ _____

Option 1 – Mail course description to:

Option 2 – Number to Fax course descriptions to:

() – _____

Attention: _____

Course descriptions for Concurrent Enrollment courses cost \$6 each and may be obtained directly from the UCSB Office of the Registrar: www.catalog.ucsb.edu/course-descript.htm
Please allow 3-5 business days for processing.

PAYMENT OPTIONS:

Check *Check written to the UC Regents*

VISA Credit Card Number _____ Expiration Date _____

MasterCard Cardholder Name _____ Security Code _____
 (Exactly as it appears on credit card) (Enter the 3 digit code that appears on the back of your credit card.)