



Course Description Form

Return to:

Registrar's Office
Fort Hays State University
600 Park Street
Hays, KS 67601-4099
Fax: 785-628-4085

Student Name: _____ *Student Number _____

Student's Mailing Address: _____

Dates of Attendance: Begin Date/Sem: _____ End Date/Sem: _____

Date of Graduation: _____ Phone Number: _____

_____ I would like to have course descriptions for the following courses:

Course Name	Course Dept. Prefix	Course #	Semester Taken
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Address where course descriptions are to be mailed:

Name: _____

Street 1: _____

Street 2: _____

City/State/Zip: _____

Course Description Fees:

_____ Number of Sets Requested
_____ x \$5 for 1 - 10 descriptions
_____ x \$10 for 11 -20 descriptions
_____ x \$20 for more than 20 descriptions

\$ _____ Total Amount Due

*Payment:

_____ Check (ENCLOSED)

_____ Visa, MasterCard, Discover and American Express Accepted

Credit Card Number:

Expiration Date:

Student Signature: _____ Date: _____

*Required field, usually your Social Security number.

**Any request received that does not have payment enclosed or credit card information listed, will not be processed, and will be returned to the sender.