

Request for course outline

		PERSONAL IE	DENTIFICATION	NC	
udent ID number		Date of Birth (mm/	dd/yyyy)	Email	
ast name (Family name)	(Previous last name	•)	First name (Give	n name)	Middle name
Current mailing address				Home phone numb	ber (10 digits)
City	Province	Postal code	Country		Cell phone number (10 digits)
The cost for each course outline is \$3. Requests will not b processed until payment for each outline has been received					(Office Use Only)
Course Number(s)					Payment
]Email the course outl	ine(s) to the above email ad	dress			
ccount number is you		er. Payments n	nade at the ba	nk on the day o	gian College FEES" and your of the deadline will be considere se has been received.
Signature of Student					Date (mm/dd/yyyy)

FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT: Georgian College is compliant with the Freedom of Information and Protection of Privacy Act (FIPPA), 1990, and endeavors to treat your personal information in accordance with this law. The personal information requested on this form is collected under the legal authority of the Ontario Colleges of Applied Arts and Technology Act, 2002 and in accordance with Sections 38(2) and 41(1) of FIPPA. The information provided will not be used for any purposes other than the administration of course outlines.

For further information about the information requested on this form or the purpose for which it will be used, please contact the Office of the Registrar at Transcripts@GeorgianCollege.ca or 705.722.1511; for more information about FIPPA, please contact the Access and Privacy office at AccessPrivacy@GeorgianCollege.ca or 705.728.1968 ext., 5770.

Submit from your Georgian College email to:Transcripts@GeorgianCollege.ca