BRIERCREST

Syllabus Request Form

STUDENT INFORMATION			
Last Name	First Name		Middle
Maiden or other name on file identifying student			
Permanent Address			
SYLLABI REQUESTED	ftor Winter 2004/200E	are available thre	ough your Briercrest Live account.
,			gh your Briercrest Live account.
For syllabi prior to the dates listed	d above and for syllab	i that must be sen	nt directly from Briercrest, <i>there is a</i>
\$5.00 fee per syllabus requested. Pl	lease list the year the	class was taken ar	nd the name of the Professor who
taught the course for which you a	are requesting a syllab	ous.	
Course	Yea	ır	Professor
DELIVERY OPTIONS			
☐ Email a PDF copy of letter to (include email address):			
☐ Mail copy/copies to the following address (please include name of addressee and full mailing			
address):			
□ Fax: () -	Attentio	n·	
FEE & PAYMENT OPTIONS			
Total Fee (\$5 x # of syllabi): \$			
□ Cash	In person at the Cash Counter		
□ Debit	In person or over the phone with the Cash Counter (1-306-756-3211)		
□ Visa (no Visa Debit)	or online at https://www.briernet.com/payments/		
□ MasterCard	(check here □ if you paid online for this transcript request)		
□ Cheque/money order	In person at Academic Services or by mail		
Signature Date			
Return completed form to:		Mail to:	
Fax: 306-756-5503 Briercrest College and Seminary Academic Services			
Email: <u>academicservices@briercrest.ca</u> 510 College Drive Caronport, SK S0H 0S0			
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OFFICE USE ONLY Date rec'd:	Payment rec'd:	Mailing date	:: Mailed by: