



FORT HAYS STATE UNIVERSITY

Forward thinking. World ready.

Course Description Form

OFFICE OF THE REGISTRAR

Return to:

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

Student Name: _____ Student ID 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 description 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

Name on Card: _____

Credit Card Number: _____

Expiration Date: _____

Card Code (on back of card): _____

Student Signature: _____ Date: _____