



Course Description Request

Date: _____

Name: _____

SFSU ID: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Course discipline and number: _____

Course title: _____

Bulletin year: _____

Course discipline and number: _____

Course title: _____

Bulletin year: _____

Course discipline and number: _____

Course title: _____

Bulletin year: _____

Mailing address if different than above:

Address: _____

City: _____ State: _____ Zip Code: _____

***Cost per course description: \$2.00**

***Submit form and payment to address above or, if submitting in person, submit payment to the Bursar and form to the Registrar at the One Stop Student Services Center in the Student Services Building.**

***Make checks payable to: San Francisco State University**

Office Use Only
Account: 501112
Fund: TS940
Dept: 6145