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|  | **ULSTER UNIVERSITY** |  |
|  | **COURSE SYLLABUS REQUEST FOR INFORMATION** **FROM COURSE RECORDS AND/OR ARCHIVE** |
| **1** | **PERSONAL DETAILS** |  |  |
|  | Surname:       | Title (Dr/Mrs/Miss/Ms):       |
|  | *If you were registered under a different surname during your period of study at the University, please enter this name below.* |
|  | Previous Surname:      |
|  | Forename(s) (in full):      |
|  | Address:      |
|  | Registration Number (if known):      | Date of Birth:      |
|  | Contact Telephone Number:      | Email:      |
|  |  |
| **2** | **COURSE INFORMATION**  |
|  | Course:       |
|  | Campus:       | Date of Attendance:       |
|  | Information requested:       |
|  | Please state details (name/address) of where information is to be forwarded (if different to address above at section 1):       |
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| **3** | **PAYMENT** |
|  | *By completing and submitting this form, I undertake to pay the relevant fee when notified by the Centre for Curriculum Enhancement and Approval.****Signed:***       ***Date:***      *The fee is* ***£70.00****. Please note that if requesting information relating to more than one course of study a fee of* ***£70*** *applies to* ***each*** *course. The fee includes a certified copy of module descriptions and an academic transcript. The Centre for Curriculum Enhancement and Approval will notify you when and how to make payment.* Completed forms can be returned by email to: curriculumenquiries@ulster.ac.uk  |
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*Any personal data which you provide to the University will be held and processed solely in connection with your syllabus request. It will not be disclosed to a third party and will be retained only as long as necessary for the relevant purposes.*