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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): | | | | | |
|  |  | | | | | |
| **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](mailto: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.*