

# Program Course Outline/ Description Request Form

Requests for outlines require a minimum of one week production time. Delivery time is additional.  
Please ensure this form is completed, signed and legible. If your program isn't listed below, please see your department.

Student Information:		
Last name:	First name:	
Previous last name (if applicable):		
Student #:	Date of birth (dd/mm/yy):	
Address:		
City:	Province:	Postal code:
Phone (home):	Phone (cell):	
Email:		
<i>For office use only:</i> Legacy Student ID (if applicable):		

Full-time Program Course Description(s): (Program course descriptions are brief overviews of the courses within a program.)	
Program name	Term (if applicable-credit transfer)
<i>For office use only: 1. Process payment under MI/XCDES    2. Black out credit card information    3. Fax to 204.697.9673 4. Print and attach the fax report to this original form and file in document request binder.</i>	

Fees:				
Description	Fee (incl. GST)	Number of copies	Total	Office use only
Full-time program course description	\$17.85			MI/XCDES
Archive Search Fee (requests for archived documents 25 years or more prior to the current year)	\$105			MI/XDOCS; MI/XDESC (CE)
Document transmission fee (Mail)	\$5.25			XFAX; XFAXC (CE)

## Red River College - Student Service Centre

**Notre Dame Campus**  
D101-2055 Notre Dame Ave., Winnipeg, MB R3H 0J9  
P: 204.632.2327 | F: 204.697.0584

**Exchange District Campus**  
P104-160 Princess St., Winnipeg, MB R3B 1K9  
P: 204.632.2327 | F: 204.949.9105

**Regional Campuses**  
For Regional Campus contact info,  
please visit [rrc.ca/campuses](http://rrc.ca/campuses) (Last modified June 2018)

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## Delivery Method (check one):

I will pick up myself                       Mail to above address                       Mail to a third party address\*

*\*Please complete the Third Party Delivery Information section on this form. Please print carefully.*

## \*Third Party Delivery Information:

Institution name:

Address:

City:

Province/State:

Postal/Zip code:

Attention to (if applicable):

Third party email (i.e., educational institution):

## For Office Use Only

Date received (dd/mm/yy):

Clerk:

Date sent to mailing address (dd/mm/yy):

Please submit this completed form along with payment to:

Student Service Centre, Notre Dame Campus, D101-2055 Notre Dame Ave., Winnipeg, MB R3H 0J9 | P: 204.632.2327 | F: 204.697.0584

Student Service Centre, Exchange District Campus, P104-160 Princess St., Winnipeg, MB R3B 1K9 | P: 204.632.2327 | F: 204.949.9105

Student Service Centre, Applicable Regional Campus

Credit card number:

Expiry date:

Signature:

Date (dd/mm/yy):

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