## Online Non-Credit Programs

## Student Course Completion Summary (SCCS) Request Form

## Directions

To request a student course } u ‰ o Ÿ } v summary (SCCS), complete and sign this form, t Z v( Æξ ] • I μ š ] } ší-800-576-8532 } CE u ] o š } • μ ‰ ‰. } CE š › ] • I X }

Students who haveompleted online coursework can access the learning management system of the Classroom > P]v } % Ÿ } v } v š Z š } % c villanovau.instructure.com.

Phone: 800742-1309\* Fax: 800576-8532

Name:	
Current Address:	
Social Security Number (last 4 digits) or Villanova Student ID Number:	
Daytime Telephone:	
Current Email Address:	
Date of most recent course/term:	
Course(s) enrolled in:	
Your name and address atime of Íeeô2îÍ2èôÙü  Name: Address:  Send copy(s) of my SCCS to:  (Attach a separate sheet with any additional addresses. Be sure to indicate how many SCCS's should be sent to each.)	Ùî ¯ô Xô 2 e ý á
Use the space belowfor any special instructions:	
Signature:	Date:

SCCSrequests are normally processed within threebusiness