

UNIVERSITY of ALASKA SOUTHEAST

Registrar's Office

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Course Change Form

Term: □Spring □ Summer	☐ Fall Y	ear:	
Date:			
		Departn	nent:
Course Title:			
	_		
We are making the following chan			
Instructor/UA ID#:			
Start/End Dates:			
Day/Time:			
Location:			
Enrollment:			
Cancellation:			
0.1 01			
Fee changes (list):			
Amount:		Amount:	
Fund/org:		Fund/org:	
Reason/description:			
F: In person O: Online - No se C: In person and o U: In person or or S: Online - Set time	t time	eting times Yes No	Pacing Instructor Self
Dean's Signature:		I	Date:
Provost Signature: (Required after term viewable)		I	Date: