



## Academic Advising Center Don't Cancel that Class!

Instructor Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Office Location: \_\_\_\_\_

Course number and name: \_\_\_\_\_

Course meeting day and time: \_\_\_\_\_

Course meeting location: \_\_\_\_\_

Number of students in course: \_\_\_\_\_

Date(s) to be covered by AAC staff: \_\_\_\_\_

Topic(s) to be covered: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other notes: \_\_\_\_\_

\_\_\_\_\_

Please fill out and submit by email or by fax

Academic Advising Center  
509 Gruening Building  
474-6396  
474-6780 (fax)  
[www.uaf.edu/advising](http://www.uaf.edu/advising)  
[advising@uaf.edu](mailto:advising@uaf.edu)