

Barcode label
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CLASS SCHEDULE FORM



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RECEIVED

P _____

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_____ Year ___ Spring
 ___ Summer
 ___ Fall

___ Addition
___ Change
___ Cancellation

NOTE: CHANGES THAT DO NOT REQUIRE DEPARTMENT HEAD AND DEAN SIGNATURES MAY BE SUBMITTED VIA EMAIL TO FYSCHED@UAF.EDU

- Waitlist changes-increasing the enrollment due to students being added from the waitlist
 - Meeting Pattern Changes (Days and Times)
 - Location changes (Room, Buildings)
- Please include all course information via email (department, course number, section number, and course reference number)*

CRN	DEPT	COURSE NO	SECTION	COURSE TITLE
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Requested changes: (Please fill out only the information that needs to be changed.)

START COURSE DATES	END	MEETING DAYS	START MEETING TIMES	END	CREDITS
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INSTRUCTOR NAME	INSTRUCTOR UA ID	BLDG/ROOM	MAX	WAITLIST COURSE CAPACITY
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Approval Code _____
NOTE: Required catalog approvals must be indicated for the course listed above. Please indicate any additional approvals for this semester.

Session Code _____
0= 0% location based,
1= 1-20% location based,
2= 21-50% location based,
3= Traditional location based

UAOnline/Course Finder
___ Yes ___ No

Course Pacing
Instructor _____
Self _____

Grade Mode **Auditors** ___ Yes ___ No
___ Letter
___ Pass/Fail
___ CEU or Non-Graded

Does this class have a meeting time? ___ Yes ___ No

CEU/Non-credit Contact Hours	Fee Type	Amount
Total Contact Hours: _____	Self-Support \$	_____
<i>NOTE: It is required to indicate the amount of contact hours for accurate institutional reporting.</i>	Non Credit \$	_____
	CEU Fee \$	_____
	Lab Fee \$	_____
	Other \$	_____

Delivery Method (Please mark all that apply.)

- | | |
|---------------------------------|---------------------------|
| ___ Face-to-Face | ___ Multimedia |
| ___ Audio Conference | ___ Online/ Web Delivered |
| ___ Independent Learning | ___ Special Technology |
| ___ Live Television/UATV | ___ Video Conferencing |
| ___ Independent Research/Thesis | ___ Web Meeting |
| | ___ Internship/Practicum |

Is this course cross-listed/stacked with any other courses? If so please list the courses.

NOTES

Prepared by: _____ Email: _____ Phone: _____

Dept. Head's Signature: _____ Date: _____

Dean's Signature: _____ Date: _____

TO BE COMPLETED BY ACADEMIC SCHEDULING

CRN _____ Banner: _____ Addendum: _____ Processed by: _____ Date: _____

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