

This form must be submitted with the required signatures.

<p>PLEASE USE THIS FORM FOR</p> <ul style="list-style-type: none"> • Cancelled courses • Increase/Decrease Enrollments • Instructor Changes • Fee changes • Other special Instructions 	<p><i>CHANGES THAT DO NOT REQUIRE DEPARTMENT HEAD AND DEAN SIGNATURES AND MAYBE SUBMITTED VIA EMAIL TO fysched@uaf.edu:</i></p> <ul style="list-style-type: none"> • Waitlist Changes- Increasing the enrollment due to students being added from the waitlist • Meeting Pattern Changes (Days and Times) • Location Changes (Room, Buildings) <p><i>Note: Please include all course information via email (Department, course number, section number, and course reference number)</i></p>
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TODAY'S DATE: _____

- CANCEL
 CHANGE
 OTHER

PLEASE MARK SEMESTER INCLUDING YEAR

- SPRING _____
 SUMMER _____
 FALL _____

PLEASE PROVIDE ALL CURRENT COURSE INFORMATION

CRN	DEPT	COURSE #	SECTION #	TITLE	CREDITS

BEGIN DATE	END DATE	INSTRUCTOR	DAYS	TIME	LOCATION

CHANGE(S) AS FOLLOWS

CLASS MAXIMUM: _____ WAITLIST MAXIMUM: _____

NEW BEGIN AND/OR END DATES: _____

NEW TIMES: _____

NEW INSTRUCTOR: _____ UA ID#: _____

(INSTRUCTOR WILL NOT BE CHANGED WITHOUT UA ID#)

SPECIAL INSTRUCTIONS: _____

FEES: _____

(NOTE: Fee changes must be approved by the Vice Chancellor for Administration)

PREPARED BY: _____ PHONE: _____

DEPARTMENT HEAD'S SIGNATURE: _____ DATE: _____

DEAN'S SIGNATURE: _____ DATE: _____

TO BE COMPLETED BY ACADEMIC SCHEDULING

PROCESSED BY: _____ BANNER: _____ DATE: _____