Office of the Registrar
P.O. Box 757495
Fairbanks, Alaska 99775-7495
Phone: 474-6300 Fax: 474-7097

ADDITION TO THE SCHEDULE

To add a class to the schedule, this form must be completed and include the signatures of the department head and the dean. If the course is a Special Topics, a copy of the approved Special Topics form must be attached.
All courses on the schedule must be approved.

Semester/Year: Fall _____ Summer _____ Spring _____

Course _____ Credits _____
Department Number Section

Course Title _____

Course Beginning/Ending Dates _____

Instructor _____
Last Name, First Initial
Social Security Number (Required) _____

Number of Students Expected _____ Maximum Capacity Allowed _____
Type of grading: ( ) Letter ( ) Pass/Fail
Lecture Days/Time _____ Preferred Room _____
Laboratory Days/Time _____ Preferred Room _____
Contact Hours/Week _____ _____
Lecture Laboratory
Special Fees for the course (if any): $_____
Special course fees must be approved by the Vice Chancellor for Administrative Services.
Please indicated special room needs: _____

If more than one instructor is responsible for this course, indicate the name and social security number for each additional instructor:

Instructor _____ SSN _____
Last Name, First Initial Required
Instructor _____ SSN _____
Last Name, First Initial Required

Department Head's Signature _____ Date _____

Dean's Signature _____ Date _____