COLLEGE OF RURAL AND COMMUNITY DEVELOPMENT

D R O P / A D D / W I T H D R A W

PO Box 756500
Fairbanks, AK 99775-6500
1.866.478.2721 - phone
907.474.6280 - fax

☐ FALL ☐ SPRING ☐ SUMMER Year: _____

PLEASE CHECK YOUR REGIONAL CAMPUS

- ☐ Bristol Bay Campus
- ☐ Chukchi Campus
- ☐ Interior-Aleutians Campus
- ☐ Kuskokwim Campus
- ☐ Northwest Campus
- ☐ Other _____

LAST NAME _____ FIRST NAME _____ MIDDLE NAME _____

DATE OF BIRTH (MM/DD/YY) _____ UA ID NUMBER _____

ADDRESS _____ ☐ CHECK HERE IF THIS IS A CHANGE OF ADDRESS

CITY _____ STATE _____ ZIP CODE _____ E-MAIL ADDRESS _____

EVENING PHONE _____ DAY PHONE _____ PERMANENT PHONE _____ FAX PHONE _____

DROP OR WITHDRAW A COURSE

1. Complete all informaiotn requested. 2. Obtain your advisor's signature. 3. Return to campus with payment.

CRN	DEPT	NUMBER	SECTION	COURSE TITLE	INSTRUCTOR	CREDITS	REASON

REASON CODES:

A: academic
E: employment
F: financial
H: health
S: schedule conflict

1: work conflict
2: personal
3: course not as anticipated
4.: instructor
5: other

ADD A COURSE

1. Complete all informaiotn requested. 2. Obtain your advisor's signature. 3. Return to campus with payment.

CRN	DEPT	NUMBER	SECTION	COURSE TITLE	INSTRUCTOR	CREDITS
						audit?☐
						audit?☐
						audit?☐
						audit?☐
						audit?☐
						audit?☐

I understand that I am responsible for all applicable UAF academic regulations, tuition, and fees whether or not I successfully complete the course or courses in which I am enrolling.

X _____ SIGNATURE _____ DATE _____ ADVISOR SIGNATURE

COURSE COSTS

OFFICIAL USE ONLY

TUITION	$ _____
SPONSORED COURSE FEE	$ _____
LAB FEES	$ _____
BOOKS AND MATERIALS	$ _____
SERVICE FEE	$ _____
UA TECH FEE	$ _____
OTHER (describe) _____	$ _____
TOTAL TUITION AND FEES	$ _____

Rcvd By_____
Date_____

CREDITS (Scholarships/Waivers/Loans)

_____	$ _____
_____	$ _____
_____	$ _____
PAID	$ _____
AMOUNT DUE	$ _____

FORM OF PAYMENT

(Attach Credit, PAF, DFPP, or Waiver forms)

CASH	$ _____
CHECK #_____	$ _____
MONEY ORDER	$ _____
PAYMENT AUTHORIZATION (PAF)	$ _____
DEFERRED PAYMENT PLAN (DFPP)	$ _____
☐ VISA ☐ MASTERCARD CREDIT CARD	$ _____

CARD NUMBER _____ EXP. DATE _____

NAME AS IT APPEARS ON CARD (Please print) _____ CVC CODE _____

X _____ SIGNATURE

An affirmative action/equal opportunity employer and educational institute

UAF UNIVERSITY OF ALASKA FAIRBANKS