Course Fee Approval Form

To: Anupma Prakash, Provost

Through: __________________________________________

Prepared By: _______________________________________

Contact Email: __________________________ Phone: ___________

Subject: UAF Course Fee Approval

Course Subject: ______________________ Course Subject (Stacked): __________

Course Number: ______________________ Course Number (Stacked): __________

Course Reference Number: __________________________________________

Section Number: _________________________________________________

Course Description: ______________________________________________

Lab Fee or Other: _________________________________________________

Detail code: ______________________________________________________

Start Semester: ___________  Onetime Only Semester

Justification: All Semesters going forward

Dean/Director’s Signature: _______________ Date: ________________

Provost’s Signature: _______________________ Date: ________________