



# UNIVERSITY of ALASKA SOUTHEAST

Registrar's Office

11066 Auke Lake Way, Juneau, AK 99801

Phone: (907) 796-6100, Fax: (907) 796-6365

Email: uas.registrar@alaska.edu

Office Use Only

## Course Change Form

Term:  Spring  Summer  Fall Year: \_\_\_\_\_

Date: \_\_\_\_\_

From: \_\_\_\_\_ Department: \_\_\_\_\_

Course Title: \_\_\_\_\_

CRN: \_\_\_\_\_ Subj.& Course #: \_\_\_\_\_ Section: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### We are making the following change(s) to the above course(s):

Instructor/UA ID#: \_\_\_\_\_

Start/End Dates: \_\_\_\_\_

Day/Time: \_\_\_\_\_

Location: \_\_\_\_\_

Enrollment: \_\_\_\_\_

Cancellation: \_\_\_\_\_

Other Change: \_\_\_\_\_

Fee changes (list):

Amount: \_\_\_\_\_ Amount: \_\_\_\_\_

Fund/org: \_\_\_\_\_ Fund/org: \_\_\_\_\_

Reason/description: \_\_\_\_\_ Reason/description: \_\_\_\_\_

Distance Coding:  0 Distance  1 Local 1-20%  2 Local 21-50%  3 Local/Face to Face

Meeting Times:  Yes  No

Pacing:  Instructor-Paced  Self-Paced

Delivery  Face to Face  Web Meet (Elive)  Online/Web  Audio

Other: \_\_\_\_\_

Dean's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Provost Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Required after term viewable)