
Student's last name First MI UA ID

Phone Email

Contact hours per week: With instructor Independently _____

F A F C

Grading system: Letter Pass/fail No. of credits Course No. listed in current catalog

Student's signature Date

By signing I understand I am responsible for all applicable UAF academic regulations, tuition and fees whether or not I successfully complete the course or courses in

Office use only

Registration	INDS (RE or AC)	Processed by _____	Date _____
Acad. scheduling	CRN	Processed by _____	Date _____
Records	Drop-swapped (DS)	Processed by _____	Date _____