



Updated 9.21.21

# COURSE INFORMATION

Office of the Registrar  
P.O. Box 749  
Barrow, AK 99723  
Phone: 907.852.1757 or 1763  
Fax: 907.852.1784

Dept \_\_\_\_\_ Number \_\_\_\_\_ Section \_\_\_\_\_ Method/  
Location \_\_\_\_\_ Semester  
Term \_\_\_\_\_

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

- ☐ Addition to the schedule (Fill Section 1 below)
- ☐ Cancellation\* (Fill Section 2 below)
- ☐ Course Information Change (Fill Section 3 below)

*\*Students must be notified whenever courses are relocated and/or rescheduled. The Office of the Registrar is responsible for notifying students of any changes before a course begins. Instructors are responsible for notifying students after the first meeting of the course.*

## Section 1

No. of credits: \_\_\_\_\_ No. of CEUs: \_\_\_\_\_

Course beginning date: \_\_\_\_\_ Course ending date: \_\_\_\_\_

Lecture meeting time and days: \_\_\_\_\_

Preferred room: \_\_\_\_\_

Instructor's name: \_\_\_\_\_

Special fee for this course (if any): \$ \_\_\_\_\_

## Section 2

☐ Course Cancellation Reason for request: \_\_\_\_\_

## Section 3

☐ Change Course Information Please fill out the information below

☐ Section # – Change to: \_\_\_\_\_

☐ Course # – Change to: \_\_\_\_\_

|  |  |
|--|--|
| What information in the course description and syllabus warrants this course being a #XX level course? |  |
|--|--|

☐ Location – Change to: \_\_\_\_\_

☐ Start Date – Change to: \_\_\_\_\_

☐ End Date – Change to: \_\_\_\_\_

☐ Meeting Day – Change to: \_\_\_\_\_

☐ Meeting Time – Change to: \_\_\_\_\_

☐ Instructor – Change to: \_\_\_\_\_

☐ Other: \_\_\_\_\_ Change to: \_\_\_\_\_

|                                     |       |      |       |
|-------------------------------------|-------|------|-------|
| Instructor Signature:               | _____ | Date | _____ |
| Dean of Academic Affairs Signature: | _____ | Date | _____ |
| Registration Office Signature:      | _____ | Date | _____ |