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CLASS SCHEDULE FORM



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- _____ Year ___ Spring
- ___ Summer
- ___ Fall
- ___ Addition
- ___ Change
- ___ Cancellation

NOTE: CHANGES THAT DO NOT REQUIRE DEPARTMENT HEAD AND DEAN SIGNATURES MAY BE SUBMITTED VIA EMAIL TO FYSCHED@UAF.EDU

- Waitlist changes-increasing the enrollment due to students being added from the waitlist
- Meeting Pattern Changes (Days and Times)
- Location changes (Room, Buildings)

Please include all course information via email (department, course number, section number, and course reference number)

CRN	DEPT	COURSE NO	SECTION	COURSE TITLE
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Requested changes: (Please fill out only the information that needs to be changed.)

START COURSE DATES	END	MEETING DAYS	START MEETING TIMES	END	CREDITS
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INSTRUCTOR NAME	INSTRUCTOR UA ID	BLDG/ROOM	MAX	WAITLIST COURSE CAPACITY
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Approval Code _____
NOTE: Required catalog approvals must be indicated for the course listed above. Please indicate any additional approvals for this semester.

Session Code _____
 0= 0% location based,
 1= 1-20% location based,
 2= 21-50% location based,
 3= Traditional location based

UAOnline/Course Finder
 ___ Yes ___ No

Course Pacing
 Instructor _____
 Self _____

Grade Mode **Auditors** ___ Yes ___ No

___ Letter
 ___ Pass/Fail
 ___ CEU or Non-Graded

Does this class have a meeting time? ___ Yes ___ No

CEU/Non-credit Contact Hours
 Total Contact Hours: _____
NOTE: It is required to indicate the amount of contact hours for accurate institutional reporting.

Fee Type Amount

Self-Support \$ _____
 Non Credit \$ _____
 CEU Fee \$ _____
 Lab Fee \$ _____
 Other \$ _____

Delivery Method (Please mark all that apply.)

___ Face-to-Face ___ Multimedia
 ___ Audio Conference ___ Online/ Web Delivered
 ___ Independent Learning ___ Special Technology
 ___ Live Television/UATV ___ Video Conferencing
 ___ Independent Research/Thesis ___ Web Meeting
 ___ Internship/Practicum

**Is this course cross-listed/stacked with any other courses?
 If so please list the courses.**

NOTES

Prepared by: _____ Email: _____ Phone: _____

Dept. Head's Signature: _____ Date: _____

Dean's Signature: _____ Date: _____

TO BE COMPLETED BY ACADEMIC SCHEDULING

CRN _____ Banner: _____ Addendum: _____ Processed by: _____ Date: _____ Page _____ of _____

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