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Student's last name                      First                      MI                      UA ID

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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

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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 _____