Course Fee Approval Form

To: Susan Henrichs, Provost

Through: ________________________________________________

Prepared By: ________________________________________________

Contact Email: ___________________ Phone: ____________________

Subject: UAF Course Fee Approval

Course Subject: ________________________________________________

Course Number: ________________________________________________

Course Reference Number: Section Number: ____________________________

Course Description: ________________________________________________

Lab Fee or Other: ________________________________________________

Detail code: ________________________________________________

Start Semester: ____________________ Onetime Only Semester

All Semesters going forward

Notes:

Dean or Director’s Signature: ___________________________ Date: ________________

Provost’s Signature: ___________________________ Date: ________________