Course Fee Approval Form

To: Anupma Prakash, 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/Director’s Signature: ____________________________ Date: ______________

Provost’s Signature: ____________________________ Date: ______________