



## OFFICE OF THE BURSAR

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### Course Fee Approval Form

To: **Anupma Prakash, Provost**

Through: \_\_\_\_\_

Prepared By: \_\_\_\_\_

Contact Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Subject: UAF Course Fee Approval

Course Subject: \_\_\_\_\_ Course Subject (Stacked): \_\_\_\_\_

Course Number: \_\_\_\_\_ Course Number (Stacked): \_\_\_\_\_

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: \_\_\_\_\_

*Naturally Inspiring.*

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