

Office of the Bursar

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University of Alaska Fairbanks P.O. Box 757640, Fairbanks, Alaska 99775-7640

Course Fee Approval Form

To: Anupma Prakash, F	rovost		
Through:			
Prepared By:			
C	ontact Email:	Phone:	
Subject: UAF Course Fee A	pproval		
Course Subject:			
Course Number:			
Course Reference Number	:		
Section Number:			
Lab Fee or Other:			
Start Semester:		Onetime Only Semester	
		All Semesters going forward	
Notes:			
Dean/Director's Signature:		Date:	
Provost's Signature:		Date:	