

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: _____