



PO Box 756500
 Fairbanks, AK 99775-6500
 1-866-478-2721 - phone
 907-474-6280 - fax

College of Rural and Community Development

DROP/ADD/WITHDRAW FORM

FALL _____ SPRING _____ SUMMER _____ YEAR: _____

- PLEASE CHECK YOUR REGIONAL CAMPUS**
- Bristol Bay Campus (800)478-5109 (phone) (907)842-5692 (fax)
 - Chukchi Campus (800)478-3402 (phone) (907)442-3 (fax)
 - Interior-Aleutians Campus (888)474-5207 (phone) (907)474-5208 (fax)
 - Other _____
 - Kuskokwim Campus (800)478-5822 (phone) (907)543-4527 (fax)
 - Northwest Campus (800)478-2202 (phone) (907)443-5602 (fax)
 - CRCDC-Fairbanks (907)474-1916 (phone) (907)474-6280 (fax)

LAST NAME _____ FIRST NAME _____ MIDDLE NAME _____

DATE OF BIRTH (MM/DD/YY) _____ UA ID NUMBER _____

ADDRESS _____ *CHECK HERE IF THIS IS A CHANGE OF ADDRESS*

CITY _____ STATE _____ ZIP CODE _____ E-MAIL ADDRESS _____

EVENING PHONE _____ DAY PHONE _____ PERMANENT PHONE _____ FAX NUMBER _____

DROP/WITHDRAW A COURSE 1. Complete all information. 2. Obtain advisor's signature if in degree program 3. Return to local campus.

CRN	DEPT	NUMBER	SECTION	COURSE TITLE	INSTRUCTOR	CREDITS	REASON	REASON CODES:
								A: academic E: employment F: financial H: health S: schedule conflict 1: work conflict 2: personal 3: course not as anticipated 4: instructor 5: other

ADD A COURSE 1. Complete all information requested. 2. Obtain advisor's signature if in degree program 3. Return form to local campus.

CRN	DEPT	NUMBER	SECTION	COURSE TITLE	INSTRUCTOR	CREDITS

COURSE COSTS	OFFICE USE ONLY
	Tuition \$ _____
	Sponsored Course Fee \$ _____
	Lab Fees \$ _____
	Service Fees \$ _____
	UA Tech Fee \$ _____
	Other (describe) _____ \$ _____
	SUBTOTAL TUITION/FEES \$ _____
	Credits to Balance Due:
	TMS \$ _____
	*Credit Card \$ _____
	Financial Aid \$ _____
	On Account \$ _____
	Check/MO (Money Order) \$ _____
	PAF (Payment Authorization Form) \$ _____
	Cash (in person only) \$ _____
	Total Due after Credits Applied \$ _____

*If you wish to pay by credit card, you may do so in person, on uonline, or call your local campus with your credit card information.

I understand that I am responsible for all applicable UAF academic regulations, tuition and fees, whether or not I successfully complete the course or courses in which I am enrolling.

SIGNATURE _____ DATE _____ ADVISOR'S SIGNATURE (if in a degree program) _____

If you anticipate needing an accommodation for any of your classes, please contact the UAF Office of Disability Services at: (907)474-5655 (P), (907)474-5688 (Fax), (907)474-1827 (TTYL), or e-mail uaf-disabilityservices@alaska.edu.



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