## UNIVERSITY of ALASKA ANCHORAGE

Office of the Registrar • 3211 Providence Drive • Anchorage, AK 99508 • Phone 907-786-1480 • uaa.registration@alaska.edu

## ADD/DROP

Use this form to add, drop, or withdraw from classes or change from credit to audit. Submit this completed form with student and instructor signatures to the Office of the Registrar by email to <a href="mailto:uaa.registration@alaska.edu">uaa.registration@alaska.edu</a>. Be aware of <a href="mailto:registration@alaska.edu">registration@alaska.edu</a>. Be aware of <a href="mailto:registration@alaska.edu"

NAME					UA Student ID	
SEMESTER	YEAR Spring_	Summer	FallYear	Preferred Email		
ADD/AUD	IT A COURSE			Attention faculty: Insti	ructor signature does not override capacity o	n sections with an active waitlist.
CRN	Subject	Course #	Section #	Credits Audit	Course Title	
Printed Instru	uctor Name			Instructor Signature_		Data
CRN	Subject	Course #	Section #	Credits Audit	Course Title	
Printed Instructor Name				Instructor Signature_		Date
CRN	Subject	Course #	Section #	Credits Audit	Course Title	
Printed Instru				Instructor Signature_		
CRN	Subject	Course #	Section #	Credits Audit	Course Title	
Printed Instr	uctor Name			Instructor Signature_		Date
DROP/WIT	THDRAW FROM A	A COURSE				
CRN	Subject	Course #	Section #	Course Title		Credits
CRN	Subject	Course #	Section #	Course Title		Credits
CRN	Subject	Course #	Section #	Course Title		Credits
CRN	Subject	Course #	Section #	Course Title		Credits
TOTAL WIT	THDRAWAL – Plea	ase drop/withd	raw me from ALL of my	classes. Student initials: _		
courses by p	ublished deadlines to iversity may garnish	o ensure charge	s are not incurred. I und	derstand that if I default on	d with any course(s) for which I have register this student account, I am responsible for the 251 and 43.23.073. I also understand that the	e collection, attorney and legal
STUDENT SIGNATURE						DATE
OFFICE USE ONLY - Processed By						DATE