

# UNIVERSITY of ALASKA ANCHORAGE

Office of the Registrar  
 PO Box 141629  
 Anchorage, AK 99514-1629  
 (907) 786-1480

For Official Use Only

## SEMESTER

Spring Summer Fall Year \_\_\_\_\_

## ADD/DROP

PLEASE USE DARK BLUE OR BLACK INK TO COMPLETE

Full Legal Name (Last)	(First)	(Middle)	Student ID	Email Address
Address (Street/PO Box/Apt)	(City)	(State)	(Zip)	Daytime Phone Evening Phone

### ADD

Course Reference #	Subject	Course Number	Section	ADD Course Title	Number of Credits/Audit	Printed Instructor Name	Instructor Signature	Date
75141	ENGL	A111	601	Written Communication	3	Printed Instructor Name	Instructor Signature	Mm/dd/yy

### DROP/WITHDRAWAL

Course Reference #	Subject	Course Number	Section	DROP/WITHDRAWAL Course Title	Number of Credits/Audit

### FEE PAYMENT INFORMATION

CASH \_\_\_\_\_  
 CHECK # \_\_\_\_\_  
 VISA # \_\_\_\_\_  
 M/C # \_\_\_\_\_  
 Expiration Date (MM/YY) \_\_\_\_\_

### CREDIT/AUDIT CHANGES

Course Reference #	Subject	Course Number	Section	Course Title	Check Action		Printed Instructor Name	Instructor Signature	Date
					Audit To Credit	Credit To Audit			
					Audit To Credit	Credit To Audit			
					Audit To Credit	Credit To Audit			

**BE AWARE THAT CHANGES IN YOUR REGISTRATION MAY AFFECT YOUR FINANCIAL AID**

Student Signature X \_\_\_\_\_ Date \_\_\_\_\_

### OFFICE USE

Date Entered \_\_\_\_\_ Initials \_\_\_\_\_