

UNIVERSITY of ALASKA ANCHORAGE

Office of the Registrar • 3211 Providence Drive • Anchorage, AK 99508 • Phone 907-786-1480

For Official Use Only

ADD/DROP

SEMESTER/YEAR Spring Summer Fall Year

_____ Full Legal Name (Last, First, Middle)	_____ UA Student ID
_____ Email UAA communicates with students primarily via email - Check it often!	

Please Note:

- **Deadlines for registration activity can be found at <https://www.uaa.alaska.edu/students/registrar/calendar/index.cshml>**
- **Published deadlines are for regular full term courses.**
- **If faculty approval is given online, student will still need to log in and register.**

ADD

Course Reference #	Subject	Course Number	Section	Course Title	Number of Credits/Audit	Printed Instructor Name	Instructor Approval / Signature	Date

CREDIT/AUDIT

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			

I understand that by submitting this registration, I am responsible for the tuition and fees associated with any course(s) for which I have registered. I am responsible for dropping courses by published deadlines to ensure charges are not incurred. I understand that if I default on this student account, I am responsible for the collection, attorney and legal fees. The University may garnish my Alaska Permanent Fund Dividend under Alaska Statutes 14.40.251 and 43.23.073. I also understand that the past due debt may be reported to credit bureaus.

DROP/WITHDRAWAL

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

TOTAL WITHDRAWAL

_____ Student Initials	Please drop/withdraw me from ALL my classes.
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This form must be turned in at the University Center (UC) by the student for processing.

STUDENT SIGNATURE _____ **Date** _____

OFFICE USE Date Entered _____ Initials _____
