COLLEGE OF RURAL AND COMMUNITY DEVELOPMENT

PO Box 756500, Fairbanks, AK 99775-6500; Phone (907)474-1916; FAX (907)474-6280; psleist@alaska.edu

CLASS SCHEDULE FORM

UAF UNIVERSITY OF ALASKA FAIRBANKS

_____Addition

_____Spring _____Summer _____Fall _____Year   _____Change

_____ Web Available *(check if yes)*   _____Cancellation

_____/_____/_____/_____/_____/_____

CRN   DEPT   COURSE No.   SECT   COURSE TITLE   CREDITS

COURSE INFORMATION: *(If this is a change, please fill out ONLY the information that needs to be changed)*

START DATE	END DATE	MEETING DAYS/LOCATION	START TIME	END TIME

INSTRUCTOR NAME	UAID (3....)	E-MAIL	COURSE CAPACITY: MAX	WAITLIST

Changes that do not require dept/program approval include: Waitlist changes - increasing the enrollment due to students being added from the waitlist; Meeting pattern changes, (Days and Times); Location changes.

Approval Code

_____AD-Advisor Approval
_____CE-Closed (Restricted) Enrollment
_____DC-Dept Coord Approval
_____DE-Dean Approval
_____DH-Department Head Approval
_____DP-Department Approval
_____ED-School of Ed Approval
_____GC-Graduate Committee Approval
_____HD-Honors Director Approval
_____ID-Instructor and Dean Approval
_____IN-Instructor Approval
_____PC-Program Coord Approval
_____PD-Program Director Approval
_____PR-Provost Approval
_____RD-RAHI Approval

** Closed (Restricted) Enrollment classes will not be viewed online.

_____

*Note: Required catalog approvals must be indicated for the course listed above. Please indicate any additional approvals for this semester.

Attendance Method

_____BK-Brokered Tech Prep
_____SS-Self Support

Grade Mode

_____Letter
_____Pass/Fail
_____CEU or Non-Graded
_____Auditors *(check if yes)*

Session Code

_____0 = 0% location based
_____1 = 1-20% location based
_____2 = 21-50% location based
_____3 = traditional location based

Cross-listed/Stacked Courses*

Cross-listed with:_____

Stacked with:_____

*Note: A separate class schedule form is required for each course in the cross-listed or stacked courses.

Instructional/Delivery Method

_____F2F - Face-to-Face
_____AC - Audio Conference
_____CI - Independent Learning
_____TV - Live Television/UATV
_____MM - Multimedia
_____BB - Online/Web Delivered
_____SP - Special Technology
_____VC - Video Conferencing
_____WB - Web Meeting

Fee Type*	Amount
Self-Support	$_____
Non Credit	$_____
CEU Fee	$_____
Lab Fee	$_____
(refundable?)	
If yes, how much?	$_____
Other	$_____

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*Note: Special Fees must be aproved by Vice Chancellor for Administrative Services.

NOTES:

(Please include special requirements or other notes here)

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_____

_____

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_____

_____

_____

_____

Prepared by: _____ E-mail: _____ Phone: _____

Department/Program Approval:_____ Date: _____

Dean's Signature: _____ Date: _____

To Be Completed by Academic Scheduling:

Banner:_____ *Processed By: _____* *Date: _____*

08/11