



OFFICE OF THE BURSAR

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Course Fee Approval Form

To: Anupma Prakash, Provost

Through: \_\_\_\_\_

Prepared By: \_\_\_\_\_

Contact Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Subject: UAF Course Fee Approval

Course Subject: \_\_\_\_\_

Course Number: \_\_\_\_\_

Course Reference Number: \_\_\_\_\_

Section Number: \_\_\_\_\_

Course Description: \_\_\_\_\_

Lab Fee or Other: \_\_\_\_\_

Detail code: \_\_\_\_\_

Start Semester: \_\_\_\_\_

[ ] Onetime Only Semester

[ ] All Semesters going forward

Notes:

Empty rectangular box for notes

Dean/Director's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Provost's Signature: \_\_\_\_\_ Date: \_\_\_\_\_