



Revised: 11.17.16

Office of the Registrar  
 P.O. Box 749  
 Barrow, AK 99723  
 Phone: 907.852.1788 or 1763  
 Fax: 907.852.1784

# Add/Change Form

Last Name		First Name		Middle	SSN (new student) / student ID
Mailing Address		City	State	Zip Code	Date of Birth
E-mail Address			Home Phone		Work Phone

**PLEASE PRINT CAREFULLY** – Complete all the following information:

Semester (Check one):     Spring     Summer     Fall    Year 20\_\_\_\_

## ADD A COURSE

- For a semester-long courses: give this form to the Registrar’s Office before the last day.
- For short-term courses: give this form to the Registrar’s Office before the first Friday after the first day of instruction for the class.

Dept	Course #	Sec #	Course Title	Time & Place	Credit	Audit	Instructor

## CHANGE CREDIT/AUDIT

- You must be currently enrolled in the class for credit/audit to use this form to change to credit/audit.
- Credit to Audit – Give this form to the Registrar’s Office before the last day for faculty-initiated withdrawals.
- Audit to Credit – Give this form to the Registrar’s Office before the last day to add semester-long classes.

Dept	Course #	Sec #	Course Title	Time & Place	Instructor	Request
						<input type="checkbox"/> Credit to Audit <input type="checkbox"/> Audit to Credit
						<input type="checkbox"/> Credit to Audit <input type="checkbox"/> Audit to Credit
						<input type="checkbox"/> Credit to Audit <input type="checkbox"/> Audit to Credit

**Bill To, if the billing is not going to you:**Financial Aid     Employer-Funded     Grant-Funded     Other 

Contact Person: \_\_\_\_\_ Address or Phone # \_\_\_\_\_

\_\_\_\_\_  
Student Signature (Required)                      Date\_\_\_\_\_  
Advisor Signature (Instructor)                      Date\_\_\_\_\_  
Registration Office Signature                      Date\_\_\_\_\_  
Business Office Signature                      Date