



Add/Change Form

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

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