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GRADUATE STUDENT FORM ADD/DROP/CHANGE TO AUDIT INDIVIDUAL CLASS LATE WITHDRAWAL

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Name: _____ UAF ID# _____
(Last) (First) (Middle)

UAF Email Address: _____ Contact Telephone Number (____)

NOTE: Registration has been paid on your behalf by the University, as a benefit of receiving a Teaching Assistantship (TA) stipend.

| CRN | Dept. | Course # | Sec # | Course Title | Credits | ; Audit |
|------------|-------|----------|-------|--------------|---------|---------|
| [REDACTED] | | | | | | |