



# Kodiak College

UNIVERSITY of ALASKA ANCHORAGE

117 Benny Benson Drive, Kodiak, AK 99615 Phone (907) 486-4161 Fax (907) 486-1264

# ADD/DROP FORM

OFFICE USE	
Date Entered _____	Initials _____

**SEMESTER/YEAR** Spring  Summer  Fall  Year \_\_\_\_\_

Full Legal Name (Last)	(First)	(Middle)	UA Student ID	Email Address
Address (Street/PO Box/Apt)	(City)	(State)	(Zip)	Daytime Phone
			Evening Phone	

## ADD

Course Reference Number	Subject	Course Number	Section	ADD Course Title	Number of Credits/Audit	Printed Instructor Name	Instructor Approval / Signature (can do through UAOnline; not valid for pre-requisite override)	Date

## DROP/WITHDRAWAL

Course Reference Number	Subject	Course Number	Section	DROP/WITHDRAWAL Course Title	Number of Credits/Audit

### Please Note:

- **Deadlines for registration activity can be found at <http://www.koc.alaska.edu/calendars/academic-dates-deadlines>**
- **Published deadlines are for regular full term courses.**
- **If faculty approval to register is given online, the student will still need to register either online or in person at Student Services.**

## CREDIT/AUDIT CHANGES

Course Reference Number	Subject	Course Number	Section	Course Title	Check Action		Printed Instructor Name	Instructor Signature	Date
					Audit To Credit	Credit To Audit			

This form must be turned in at Student Services by the student for processing.

**STUDENT SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_