

CHANGE COURSE (MINOR)

College/School

CRCO

Phone

907 474 6842

Faculty Contact

N/A

1. COURSE IDENTIFICATION:

Dept ANS Course

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\_\_\_\_\_  
Dept \_\_\_\_\_  
\_\_\_\_\_



APPROV S: Add signature blocks as necessary (e.g., cross listing approvals)

Date 10/7/16

Signature Chair  
Program/Department of

Ale Nat Studies' Revial Dev.

[Redacted Signature]

Date

Signature Dean  
College/School of

Date

Signature Dean  
College/School of

Date

[Redacted Signature]

Date

Received Registrar's Office

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Date  
Program/Department

Signature (Chair/Member of Curriculum Council)

Call School of

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ALL SIGNATURES MUST BE OBTAINED PRIOR TO SUBMISSION TO THE REGISTRAR'S OFFICE

Received Registrar's Office