

CHANGE COURSE (MINOR)

College/School

CRCO

Phone

907 474 6842

Faculty Contact

N/A

1. COURSE IDENTIFICATION:

Dept ANS Course

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



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

Date 10/7/16

Signature Chair  
Program/Department of

Ale Natl Studies' Revol Dev.

[Redacted Signature]

Date

Signature Dean  
College/School of

Date

Signature Dean  
College/School of

Date

[Redacted Signature]

Date

Received Registrar s Office

W  
w  
th

es  
c  
by  
hey

Date  
Signature/Chairman  
Curriculum Council

to Registrar's Office

Date  
Signature/Chairman  
Curriculum Council

Call School of

crei 0

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

Received Registrar's Office