



SELECTED TOPIC FORM

UNIVERSITY OF ALASKA ANCHORAGE
CURRICULUM OFFICE

Curriculum Only CRN: _____ Initials: _____ Date: _____
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College or School: _____

Contact: _____ Phone: _____ Date: _____

Course Prefix &
Number: _____

Generic (Umbrella) Catalog Course Title: _____

Specific Topic Title: _____

Provide the following information for the specific topic:

Number of credits if variable: _____

Semester: Fall 20 _____ Spr 20 _____ Sum 20 _____

Course Description

Section Number	Meeting Days	Meeting Times	Room Location	Faculty Name Soc. Security Number	Course Dates	Course Capacity

Approval Code (See CAR): _____ Department _____ Instructor _____

Reason for Special Room Scheduling

Accounting Services	Amount	ORG	Object	Fund
Self-Support Credit Fee	\$			
Self-Support Lab/Special Fee	\$			
CEU/Non Credit Fee	\$			
Distance Fee	\$			
Lab Fee	\$			
Special Fee	\$			
Contract Training	\$			
Other	\$			