

REGISTRATION

FALL SPRING SUMMER Year: _____

PLEASE CHECK YOUR REGIONAL CAMPUS

- | | |
|---|--|
| <input type="checkbox"/> Bristol Bay Campus
842.5692 (fax) | <input type="checkbox"/> Kuskokwim Campus
543.4527 (fax) |
| <input type="checkbox"/> Chukchi Campus
442.2232 (fax) | <input type="checkbox"/> Northwest Campus
443.5602 (fax) |
| <input type="checkbox"/> Interior-Aleutians Campus
474.5208 (fax) | <input type="checkbox"/> Other
474.6280 (CRCD Reg fax) |

LAST NAME _____ FIRST NAME _____ MIDDLE NAME _____

DATE OF BIRTH (MM/DD/YY) _____ UA ID NUMBER _____ or SOCIAL SECURITY NUMBER _____
(required if 1st time registering)

ADDRESS _____ CHECK HERE IF THIS IS A CHANGE OF ADDRESS

CITY _____ STATE _____ ZIP CODE _____ E-MAIL ADDRESS _____

EVENING PHONE _____ DAY PHONE _____ PERMANENT PHONE _____ FAX PHONE _____

DEMOGRAPHICS for statistical and record-keeping purposes only

Gender MALE FEMALE **May we release directory information about you?** YES NO

US Citizen? YES NO **If NO** → Nation of Birth _____ Nation of Citizenship _____
Nationality _____ VISA Type _____

Did you graduate from high school? YES NO **If NO** → Did you complete the GED? YES NO

NAME OF HIGH SCHOOL _____ STATE _____ MONTH / YEAR / STATE _____
GRADUATION MONTH / YEAR _____

If you attended UAF before 1983, please list when and where _____ If you've attended under a different name, please list name used _____

Residency (Physically in Alaska 2 years prior to enrollment and intent to stay in Alaska)
 ALASKA RESIDENT NON-RESIDENT MILITARY / NATIONAL GUARD

Date residency began _____

Ethnicity

- Alaska Aleut
- Alaska Eskimo, Inupiaq
- Alaska Eskimo, Yup'ik
- Alaska Eskimo, other
- Alaska Indian, Athabaskan
- Alaska Indian, Haida
- Alaska Indian, Tlingit
- Alaska Indian, Tsimshian
- Alaskan Indian, other
- Alaskan Native, other
- Alaska Native, SE
- American Indian (not AK Native)
- American Indian and Black
- American Indian and White
- Asian
- Asian and White
- Black, not of Hispanic origin
- Black and White
- Hispanic or Latino
- Native Hawaiian/Pacific Islander
- White, not of Hispanic origin
- Other _____

COURSE INFORMATION check "audit" if you are auditing a class

Are you in a degree program? Yes No

CRN	DEPT	NUMBER	SECTION	COURSE TITLE	INSTRUCTOR	CREDITS
						audit? <input type="checkbox"/>
						audit? <input type="checkbox"/>
						audit? <input type="checkbox"/>
						audit? <input type="checkbox"/>
						audit? <input type="checkbox"/>
						audit? <input type="checkbox"/>
TOTAL CREDITS						

I understand that I am responsible for all applicable UAF academic regulations, tuition, and fees whether or not I successfully complete the course or courses in which I am enrolling.

X _____
SIGNATURE DATE ADVISOR SIGNATURE

COURSE COSTS

TUITION \$ _____
SPONSORED COURSE FEE \$ _____
LAB FEES \$ _____
BOOKS AND MATERIALS \$ _____
SERVICE FEE \$ _____
UA TECH FEE \$ _____
OTHER (describe) _____ \$ _____

TOTAL TUITION AND FEES \$ _____

CREDITS (Scholarships/Waivers/Loans)

\$ _____
\$ _____
\$ _____
\$ _____

PAID \$ _____

AMOUNT DUE \$ _____

FORM OF PAYMENT

(Attach Credit, PAF, DFPP, or Waiver forms)

CASH \$ _____
CHECK # _____ \$ _____
MONEY ORDER \$ _____
PAYMENT AUTHORIZATION (PAF) \$ _____
DEFERRED PAYMENT PLAN (DFPP) \$ _____
 VISA MASTERCARD **CREDIT CARD** \$ _____

CARD NUMBER _____ EXP. DATE _____
NAME AS IT APPEARS ON CARD (Please print) _____ CVC CODE _____
X SIGNATURE _____

An affirmative action/equal opportunity employer and educational institute

