# HIGH SCHOOL ENROLLMENT FORM

**College of Rural and Community Development**

PO Box 756500, Fairbanks, Alaska 99775-6500; Phone: 474-7143/474-1916 Fax: 474-6280

<table>
<thead>
<tr>
<th>Semester:</th>
<th>Fall</th>
<th>Spring</th>
<th>Summer</th>
<th>Year: ________</th>
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</thead>
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Check your local campus: ___Bristol Bay Campus ___Chukchi Campus ___Interior-Aleutians Campus

<table>
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<tr>
<th>Campus</th>
<th>Fax Number</th>
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<tbody>
<tr>
<td>842-05692 (fax)</td>
<td>442-3204 (fax)</td>
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<tr>
<td>474-5208 (fax)</td>
<td>543-4527 (fax)</td>
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<td>443-5602 (fax)</td>
<td>474-6280 (CRCD fax)</td>
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To enroll while still a high school student, you must do the following:
- Complete this form
- Meet course prerequisites
- Get permission from instructor or department head (Signature or E-mail required)
- Submit completed form to your local campus or to the CRCD Registration Office at the address listed above
- Pay tuition and fees by the last day of fee payment for the semester enrolled
- If you wish to use university credit to meet high school requirements, contact your HS counselor before enrolling
- Students may choose not to release directory information by completing a “request to withhold or release directory information” form. See your local campus for details

Name: ____________________________   UAID or SSN: ____________________________

(First) ____________________________ (Last) ____________________________

Current Mailing Address: _______________________________________________________

(City) ____________________________ (State) ____________________________ (Zip) ___________

_____Male _____Female

ETHNICITY: ___AK Aleut ___AK Eskimo, Other ___AK Indian, Haida

Are you a US citizen? ___Yes _____No

If no, please complete the following:

_____AK Indian, Other ___AK Indian, Tlingit ___AK Indian, Tsimshian

Current visa type (F1, H1, J1, Perm. Resident):

_____AK Native, Other ___AK Eskimo, Inupiaq ___AK Native, Southeast

_____AK Native, Athabaskan ___AK Eskimo, Yup’ik ___Black, Non-Hispanic

_____American Indian (Not AK Native) ___Asian, Pacific Islander ___White ___Other

_____Hispanic or Latino

_____Student Refused ___Unknown

Country of Citizenship: ____________________________ Name of High School attending: ____________________________ Location (city/state): ____________________________

City and Country of Birth: ____________________________ Expected graduation date (MM/DD/YYYY) ____________________________

**COURSE INFORMATION** (Please print carefully) You must meet all prerequisites of the course(s) you wish to enroll.

<table>
<thead>
<tr>
<th>CRN</th>
<th>DEPT</th>
<th>NUMBER</th>
<th>SECTION</th>
<th>COURSE TITLE</th>
<th>CREDIT</th>
<th>AUDIT</th>
<th>INSTRUCTOR PERMISSION (Signature or E-Mail)</th>
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TOTAL CREDITS ____________________________

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

☐ STUDENT’S SIGNATURE DATE ☐ PARENT’S SIGNATURE (If under 18 years of age) DATE