UNIVERSITY OF ALASKA
FAIRBANKS

Office of the Registrar
Signers' Hall, P.O. Box 757495
Fairbanks, Alaska 99775
(907) 474-6300, (fax) 474-7097
registrar@uaf.edu

VERIFICATION OF ENROLLMENT

☐ **Priority Enrollment**
Priority enrollment indicates the student has registered for courses for the semester indicated, but enrollment does not become official until all fees are paid.

☐ **Official Enrollment**
Official enrollment indicates the student has registered for classes and paid all fees for the semester indicated.

Please send verification of my enrollment at UAF during:
☐ Fall 20____ ☐ Spring 20____ ☐ Summer 20 ____
(select only one semester per form, or use comments box)

SEND TO (*please print*)**:**

_____

_____

_____

STUDENT'S NAME AND ADDRESS *(please print)*:

_____

_____

_____

☐ **Please hold for pick-up**

Comments:

STUDENT'S PHONE #_____ **STUDENT'S EMAIL:** _____

_____ _____

Student Identification Number **Student's Signature** **Date**

DO NOT WRITE BELOW THIS LINE

I certify to the best of my knowledge that the student named above is/was enrolled as* ☐ a full-time student ☐ at least a half-time student ☐ part-time student at the University of Alaska Fairbanks during the academic period from __ __/__ __/__ __ __ __ to __ __/__ __/__ __ __ __ .

Comments:

If you have any questions please contact our office.

_____ _____

Tim Stickel, Interim Registrar *Date*
University of Alaska Fairbanks

***full-time: 12 undergraduate credits; 9 graduate credits**
half-time: 6-9 undergraduate credits
part-time: 5 and under undergraduate credits

UNIVERSITY SEAL