

FALL SPRING SUMMER Year: _____

PO Box 756500
Fairbanks, AK 99775-6500
1.866.478.2721 - phone
907.474.6280 - fax

CHECK YOUR REGIONAL CAMPUS

- Bristol Bay Campus
842.5692 (fax)
- Interior-Aleutians Campus
474.5208 (fax)
- Northwest Campus
443.5602 (fax)
- Chukchi Campus
442.3204 (fax)
- Kuskokwim Campus
543.4527 (fax)
- Other _____
474.6280 (CRCD Registration fax)

Please print carefully and provide all information.

LAST NAME _____ FIRST NAME _____ MIDDLE NAME _____

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

CHECK HERE IF THIS IS A CHANGE OF ADDRESS

ADDRESS _____

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

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

COMPLETE THE INFORMATION REQUESTED BELOW

Gender MALE FEMALE US Citizen? YES NO If NO → _____
 Nation of Birth _____ Nation of Citizenship _____ Nationality _____ VISA Type _____

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

Ethnicity:
 Alaska Aleut Alaska Eskimo, Inupiaq Alaska Eskimo, Yup'ik Alaska Eskimo, other Alaska Indian, Athabascan 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 _____

Name of High School you are attending: _____ High School Location: (city/state) _____
 When will you graduate from high school? (month/day/year) _____ / _____ / _____

COURSE INFORMATION (Please print carefully)

CRN	COURSE DEPT.	NUMBER	SECTION	COURSE TITLE	CREDITS	✓ IF AUDIT	INSTRUCTOR or DEPARTMENT HEAD PERMISSION (Signature or Email required)
TOTAL CREDITS							

I understand that I (or my parents) are 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 _____ **X** _____
 STUDENT'S SIGNATURE DATE PARENTS'S SIGNATURE DATE

Office Use Only: Received by: _____		Date: _____
<p>COURSE COSTS</p> <p>TUITION \$ _____</p> <p>SPONSORED COURSE FEE \$ _____</p> <p>LAB FEES \$ _____</p> <p>BOOKS AND MATERIALS \$ _____</p> <p>SERVICE FEE \$ _____</p> <p>UA TECH FEE \$ _____</p> <p>OTHER (describe) _____ \$ _____</p> <p>TOTAL TUITION AND FEES \$ _____</p>	<p>CREDITS (Scholarships/Waivers/Loans)</p> <p>_____ \$ _____</p> <p>_____ \$ _____</p> <p>_____ \$ _____</p> <p>_____ \$ _____</p> <p>_____ \$ _____</p> <p>_____ \$ _____</p> <p>PAID \$ _____</p> <p>AMOUNT DUE \$ _____</p>	<p>FORM OF PAYMENT</p> <p>Attach Credit, PAF or CASH \$ _____</p> <p>Waiver forms CHECK # _____ \$ _____</p> <p>MONEY ORDER \$ _____</p> <p>PAYMENT AUTHORIZATION \$ _____</p> <p>DEFERRED PAYMENT PLAN \$ _____</p> <p><input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD CREDIT CARD \$ _____</p> <p>_____</p> <p>CARD NUMBER _____ EXP. DATE _____</p> <p>NAME AS IT APPEARS ON CARD (Please print) _____ CVC CODE _____</p> <p>X _____</p> <p>SIGNATURE _____</p>



An affirmative action/equal opportunity employer and educational institute