

**COLLEGE OF RURAL AND
COMMUNITY DEVELOPMENT**
PO Box 756500
Fairbanks, AK 99775-6500
1-866-478-2721 - phone
907-474-6280 - fax

REGISTRATION

**PLEASE CHECK YOUR
REGIONAL CAMPUS**

- Bristol Bay Campus Kuskokwim Campus
842-5692 (fax) 543-4527 (fax)
- Chukchi Campus Northwest Campus
442-3204 (fax) 443-5602 (fax)
- Interior-Aleutians Campus Other
474-5208 (fax) 474-6280 (CRCD Reg fax)



LAST NAME _____ **FIRST NAME** _____ **MIDDLE NAME** _____

DATE OF BIRTH (MM/DD/YY) _____ **UA ID NUMBER** _____ **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

US Citizen? YES NO **if NO** → Nation of Birth _____ Nation of Citizenship _____

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 _____

Ethnicity
 Alaska Aleut
 Alaska Eskimo, Inupiaq
 Alaska Eskimo, Yup'ik
 Alaska Eskimo, other
 Alaska Indian, Athabaskan
 Alaska Indian, Haida
 Alaska Indian, Tlingit
 Alaska Indian, Tsimpsian
 Alaskan Indian, other
 Alaskan Native, other
 Alaska Native, South East
 American Indian (not AK Nat)
 Black (not of Hispanic origin)
 Hispanic or Latino
 Asian/Pacific Islander
 White (not of Hispanic origin)
 Other

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 _____

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

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"/>
						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** _____

If you anticipate needing an accommodation for any of your classes please contact the UAF Office of Disability Services at (907) 474-5655 (phone), (907) 474-5688 (fax) or e-mail fydso@uaf.edu.

COURSE COSTS

TUITION \$ _____

SPONSORED COURSE FEE \$ _____

LAB FEES \$ _____

BOOKS AND MATERIALS \$ _____

Rcvd By _____ SERVICE FEE \$ _____

Date _____ 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