

SECONDARY SCHOOL STUDENT ENROLLMENT FORM

FALL SPRING SUMMER Year: _____

PO Box 756500
Fairbanks, AK 99775-6500
1-866-478.2721 - phone
907-474-6280 - fax

CHECK YOUR REGIONAL CAMPUS

<input type="checkbox"/> Bristol Bay Campus 842-5692 (fax)	<input type="checkbox"/> Interior-Aleutians Campus 474-5208 (fax)	<input type="checkbox"/> Northwest Campus 443-5602 (fax)
<input type="checkbox"/> Chukchi Campus 442-3204 (fax)	<input type="checkbox"/> Kuskokwim Campus 543-4527 (fax)	<input type="checkbox"/> Other _____ 474-6280 (CRCD Reg fax)

Please print carefully and provide all information.

LAST NAME _____ FIRST NAME _____ MIDDLE NAME _____

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

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:

<input type="checkbox"/> Alaska Aleut	<input type="checkbox"/> Alaska Eskimo, Inupiaq	<input type="checkbox"/> Alaska Eskimo, Yup'ik	<input type="checkbox"/> Alaska Eskimo, other	<input type="checkbox"/> Alaska Indian, Athabascan	<input type="checkbox"/> Alaska Indian, Haida
<input type="checkbox"/> Alaska Indian, Tlingit	<input type="checkbox"/> Alaska Indian, Tsimshian	<input type="checkbox"/> Alaskan Indian, other	<input type="checkbox"/> Alaskan Native, other	<input type="checkbox"/> Alaska Native, SE	<input type="checkbox"/> American Indian (not AK Native)
<input type="checkbox"/> Black, not of Hispanic origin	<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> White, not of Hispanic origin	<input type="checkbox"/> 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 PARENT'S SIGNATURE DATE

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.

Office Use Only: Received by: _____ Date: _____

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 or CASH \$ _____ Waiver forms CHECK # _____ \$ _____ MONEY ORDER \$ _____ PAYMENT AUTHORIZATION \$ _____ DEFERRED PAYMENT PLAN \$ _____ <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD CREDIT CARD \$ _____ CARD NUMBER _____ EXP. DATE _____
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An affirmative action/equal opportunity employer and educational institute



NAME AS IT APPEARS ON CARD (Please print) CVC CODE _____
X SIGNATURE _____