To enroll at UAF while still a high school student, you must

- Complete this form.
- Meet prerequisites of the course or courses in which you want to enroll.
- Obtain permission from the instructor or the department head.
- Submit the completed form to the Registrar's Office during the regular registration period.
- Pay tuition and fees by the last day of fee payment in the semester you are enrolled.
  NOTE: Permission to enroll in a course must be obtained each time you register.
- If you want to use university credit to meet high school requirements, contact your high school counselor before you enroll at UAF.
- Students may choose not to release their directory information by completing a "Request to withhold or release directory information" form, available at the Registrar's Office.*

SEMESTER ATTENDING UAF: ☐ Fall ☐ Spring ☐ Summer _____ year

Please print carefully and provide all information.

Name _____
Last First Middle

ID No. _____-_____-_____
(First time students without a UA ID, use your SSN)

Date of Birth (month/day/year): (__ __ / __ __ / __ __)

E-mail address: _____

Residency: (Alaska Residency Policy — Please see the "Tuition" section for information)
Students seeking Alaskan residency or a waiver of non-resident surcharge must complete an "Application for Resident Tuition" or "Waiver of Non-Resident Surcharge" and provide required documentation to the appropriate university office prior to the published first day of instruction at their home campus (UA Board of Regents Regulation R05.10.05).

Mailing Address: (Please print)

_____
_____
_____
City State Zip

Evening Phone: _____
Day Phone: _____
Permanent Home: _____
(City and state only)

COMPLETE THE INFORMATION REQUESTED BELOW

Sex: ☐ male ☐ female **Ethnicity:____
US citizen? ☐ yes ☐ no *If no: Nation of birth:*_____ *Nation of citizenship* _____ *Visa type* _____
Name of high school you are attending: _____ H.S. 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	No. of Credits	✔ if Audit	Instructor or Department Head Permission†
				Total Credits ▯			

I understand I (or my parent) 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.

Your signature X **Date**

Parents signature (if applicant is under 18 years of age) **X** **Date**

This form must be completed and returned to the Registrar's Office.

Office use only: Received by Date

* Directory information: See Registration Details "Registration Form Information" section.
** Ethnicity: See codes on page 42.
† E-mails directly from instructors or department heads are adequate.