



SUMMER SESSIONS 2008 REGISTRATION FORM

Summer Sessions
University of Alaska Fairbanks
216 Eielson Building
PO Box 757540
Fairbanks, Alaska 99775-7540

Use this form to register by mail, fax, or in person. Fax 907-474-5297.

Name (last) _____ (first) _____ (middle) _____ <small>(Please print clearly)</small>																																																																									
Student ID Number <small>New students only. Please provide your Social Security number.</small>	Date of Birth (month / day / year) ____/____/____																																																																								
Residency – (24 months in Alaska prior to date of enrollment) <input type="checkbox"/> Alaska resident – Date residency began ____/____/____ <input type="checkbox"/> Not a resident of Alaska <input type="checkbox"/> Not a resident of Alaska – Child of a UA graduate Graduate's name (your parent) _____ UA campus ____ Date ____/____/____																																																																									
Mailing address <small>(For official letters)</small> _____ _____ _____ Day phone _____ Evening phone _____ E-mail _____																																																																									
Did you graduate from high school? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name of High School _____ Date of graduation (month / year) ____/____/____ Location of High School (city / state) _____ If NO, did you complete the GED? <input type="checkbox"/> Yes <input type="checkbox"/> No Date of GED (month / year) ____/____/____																																																																									
Please complete the information requested below <small>(statistical and record identification use only)</small> Sex? <input type="checkbox"/> M <input type="checkbox"/> F Ethnicity _____ VET / Military status _____ U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No if NO, Nation of birth _____ Nation of citizenship: _____ Visa Type: _____ Attended UAF before 1983? <small>(state where and dates of attendance)</small> _____ Attended under another name? <small>(state name used)</small> _____																																																																									
Course Information <small>(Please print clearly)</small> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>CRN</th> <th>Department</th> <th>Course Number</th> <th>Section Number</th> <th>Course Title</th> <th><input checked="" type="checkbox"/> Check If Audit</th> <th># of Credits</th> <th>Time/Place</th> <th>Instructor</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr> <td colspan="6" style="text-align: right;">Total Credits</td> <td style="border: 2px solid black;"> </td> <td colspan="2"> </td> </tr> </tbody> </table>		CRN	Department	Course Number	Section Number	Course Title	<input checked="" type="checkbox"/> Check If Audit	# of Credits	Time/Place	Instructor																																																							Total Credits								
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I understand 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.																																																																									
Student signature X _____	Date ____/____/____																																																																								

Payment Deadline

Payment must be received by the conclusion of the open registration/fee payment period corresponding to the first class in which you are enrolled.

Payment Methods

Pay by cash, check, money order, MasterCard or Visa Card.

MasterCard | Visa Card

Card No. _____

Expiration Date _____

Vcode* _____

*last three digits on back of card

Card Issued to: _____

Print Name _____

Signature _____

Additional Information

Business Office
Signers' Hall First Floor
907-474-7384

Housing Information

UAF Office of Residence Life
907-474-7247
housing@uaf.edu
www.uaf.edu/reslife/

Received by _____

Date ____/____/____

Date ____/____/____