



REGISTRATION FORM

Office of Admissions and the Registrar
907-474-7500 • 800-478-1823
admissions@uaf.edu • registrar@uaf.edu

P _____ Office use only

NAME: _____ **UA ID (or SSN):** _____
Please print (Last) (First) (MI)

Previous names used at the University of Alaska: _____

SEMESTER OF ENROLLMENT: Year 20__ Fall Spring Summer **Date of Birth (MM/DD/YYYY):** _____

CURRENT MAILING ADDRESS: _____ Phone: _____
_____ Cell Phone: _____
_____ Email Address: _____
(City) (State) (Zip)

DEMOGRAPHIC INFORMATION:
Your response helps us better serve students and impacts UAF's eligibility for some funding sources. See reverse side for information and codes.

Sex: Male Female Prefer not to answer Ethnicity: Hispanic or Latino Not Hispanic or Latino
Race: _____ Vet/Military Status: _____
US Citizen? Yes No If no, Nation of birth: _____ Nation of citizenship: _____
Visa Type: _____ Permanent Resident? Yes No

For instructions on withholding directory information, please see INFORMATION RELEASE on reverse side!

PRIOR EDUCATION INFORMATION

Did you graduate from high school?
 Yes Graduation date? (MM/DD/Year): _____ Name of high school _____
High School location: (city/state) _____
 No If NO, did you complete the GED? Yes No
Date GED completed? (MM/DD/Year): _____ Location of GED (state): _____

COURSE INFORMATION (Complete all information requested below. Refer to the class schedule on UAOnline for course information)

CRN	Dept.	Course Number	Section	Course Title	# of Credits	"Yes" if Audit	Instructor Signature (required after last day of late registration)

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. The university may drop me for non-payment.⁴

I promise to pay attorney's fees and other reasonable collection costs necessary for the collection of any amounts owed UA. If I do not pay, the university may take my Permanent Fund Dividend under Alaska Statutes 14.40.251 and 43.23.073.

Student's Signature _____ Date: _____

Advisor's Signature (for degree-seeking students only): _____ Date: _____

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Processed By: _____ Date: _____