RECEIVED

IN-PERSON REGISTRATION FORM

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

P____

O ce use only

NAME: _____ UA ID (or SSN): _____
Please print (Last) (First) (M I)

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

CURRENT MAILING ADDRESS:

_____

_____
(City) (State) (Zip)

Day Phone: _____

Evening Phone: _____

Email Address: _____

Residency[1]: Students seeking Alaskan residency or a waiver of non-resident surcharge must complete an Application for Resident Tuition and provide required documentation to the O f ce of Admissions before the published f rst day of instruction (UA Board of Regents RegulationR05.10.05). See reverse side for information.

DEMOGRAPHIC INFORMATION: See reverse side for information and codes.

Sex: ‰Male ‰Female ‰PC BT OGR PC BT OGR ÁÎ2 ‰ NOT Hispanic or Latino

Race[2]: Vet/Military Status[3]: _____

US Citizen? ‰ Yes ‰ No If no, Nation of birth: _____ Nation of citizenship: _____

Visa Type: _____ Permanent Resident? ‰Yes ‰No

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):

If you attended UAF before 1983, state where and dates of attendance: _____

If you ever attended any UA branch under another name, state name usedttendance19attended3>2T3O.(7pan<</Actual0n2lh.5.624 0 l S Q /Spa

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. [5]

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:

O ce use only

Processed By: _____ Date: _____

Page_____ of_____