

COLLEGE OF RURAL AND COMMUNITY DEVELOPMENT

PO Box 756500
Fairbanks, AK 99775-6500
1-866-478-2721 - phone
907-474-6280 - fax

REGISTRATION

FALL SPRING SUMMER Year: _____

PLEASE CHECK YOUR REGIONAL CAMPUS

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

LAST NAME _____ FIRST NAME _____ MIDDLE NAME _____

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

ADDRESS _____ CHECK HERE IF THIS IS A CHANGE OF ADDRESS

CITY _____ STATE _____ ZIP CODE _____ E-MAIL ADDRESS _____

EVENING PHONE _____ DAY PHONE _____ PERMANENT PHONE _____ FAX PHONE _____

DEMOGRAPHICS for statistical and record-keeping purposes only

Gender <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	Ethnicity
US Citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO If NO → Nation of Birth _____ Nation of Citizenship _____	<input type="checkbox"/> Alaska Aleut
Nationality _____ VISA Type _____	<input type="checkbox"/> Alaska Eskimo, Inupiaq
Did you graduate from high school? <input type="checkbox"/> YES <input type="checkbox"/> NO If NO → Did you complete the GED? <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Alaska Eskimo, other
NAME OF HIGH SCHOOL _____ STATE _____ MONTH / YEAR / STATE _____	<input type="checkbox"/> Alaska Indian, Athabaskan
GRADUATION MONTH / YEAR _____	<input type="checkbox"/> Alaska Indian, Haida
If you attended UAF before 1983, please list when and where _____ If you've attended under a different name, please list name used _____	<input type="checkbox"/> Alaska Indian, Tlingit
Residency (Physically in Alaska 2 years prior to enrollment and intent to stay in Alaska)	<input type="checkbox"/> Alaska Indian, Tsimpshian
<input type="checkbox"/> ALASKA RESIDENT <input type="checkbox"/> NON-RESIDENT <input type="checkbox"/> MILITARY / NATIONAL GUARD	<input type="checkbox"/> Alaskan Indian, other
Date residency began _____	<input type="checkbox"/> Alaskan Native, other
	<input type="checkbox"/> Alaska Native, South East
	<input type="checkbox"/> American Indian (not AK Nat)
	<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 _____

COURSE INFORMATION check "audit" if you are auditing a class Are you in a degree program? Yes No

CRN	DEPT	NUMBER	SECTION	COURSE TITLE	INSTRUCTOR	CREDITS
						audit? <input type="checkbox"/>
						audit? <input type="checkbox"/>
						audit? <input type="checkbox"/>
						audit? <input type="checkbox"/>
						audit? <input type="checkbox"/>
						audit? <input type="checkbox"/>
						audit? <input type="checkbox"/>
TOTAL CREDITS						

I understand that 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.

X _____ **SIGNATURE** _____ **DATE** _____ **ADVISOR SIGNATURE** _____

COURSE COSTS **OFFICIAL USE ONLY**

TUITION	\$ _____
SPONSORED COURSE FEE	\$ _____
LAB FEES	\$ _____
BOOKS AND MATERIALS	\$ _____
Rcvd By _____	SERVICE FEE \$ _____
Date _____	UA TECH FEE \$ _____
OTHER (describe) _____	\$ _____
TOTAL TUITION AND FEES	\$ _____

CREDITS (Scholarships/Waivers/Loans)

_____	\$ _____
_____	\$ _____
_____	\$ _____
PAID	\$ _____
AMOUNT DUE	\$ _____

FORM OF PAYMENT

(Attach Credit, PAF, DFPP, or Waiver forms)	CASH	\$ _____
	CHECK #	\$ _____
	MONEY ORDER	\$ _____
	PAYMENT AUTHORIZATION (PAF)	\$ _____
	DEFERRED PAYMENT PLAN (DFPP)	\$ _____
<input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD	CREDIT CARD	\$ _____
CARD NUMBER _____	EXP. DATE _____	
NAME AS IT APPEARS ON CARD (Please print)	CVC CODE _____	
X _____ SIGNATURE		

An affirmative action/equal opportunity employer and educational institute

