## REGISTRATION

### FALL ☐ SPRING ☐ SUMMER ☐ Year: ______

<table>
<thead>
<tr>
<th>LAST NAME</th>
<th>FIRST NAME</th>
<th>MIDDLE NAME</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DATE OF BIRTH (MM/DD/YY)</th>
<th>UA ID NUMBER</th>
<th>SOCIAL SECURITY NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>(required if 1st time registering)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ADDRESS</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
<th>E-MAIL ADDRESS</th>
<th>CHECK HERE IF THIS IS A CHANGE OF ADDRESS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>EVENING PHONE</th>
<th>DAY PHONE</th>
<th>PERMANENT PHONE</th>
<th>FAX PHONE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### DEMOGRAPHICS

**Gender**
- ☐ MALE
- ☐ FEMALE

**US Citizen?**
- ☐ YES
- ☐ NO

**Nation of Birth**
- [ ] ☐ If NO

**Nation of Citizenship**
- [ ] ☐ If NO

**Nationality**
- ☐ ALASKA AEUC
- ☐ ALASKAN INDIAN, HAADE
- ☐ ALASKAN INDIAN, TSIMPHIAN
- ☐ ALASKAN INDIAN, OTHER
- ☐ ALASKAN NATIVE, HAADE
- ☐ ALASKAN NATIVE, TSIMPHIAN
- ☐ ALASKAN NATIVE, OTHER
- ☐ ALASKAN NATIVE, SOUTH EAST

**Did you graduate from high school?**
- ☐ YES
- ☐ NO

**NAME OF HIGH SCHOOL**
- ____________________________

**GRADUATION MONTH / YEAR**
- ____________________________

**If you attended UAF before 1983, please list when and where**
- ____________________________

**Residency**
- ☐ ALASKA RESIDENT
- ☐ NON-RESIDENT
- ☐ MILITARY / NATIONAL GUARD

**Date residency began**
- ____________________________

**Ethnicity**
- ☐ ALASKA ALG/IRUPIQ
- ☐ ALASKAN INDIAN, HAADE
- ☐ ALASKAN INDIAN, TSIMPHIAN
- ☐ ALASKAN INDIAN, OTHER
- ☐ ALASKAN NATIVE, HAADE
- ☐ ALASKAN NATIVE, TSIMPHIAN
- ☐ ALASKAN NATIVE, OTHER
- ☐ ALASKAN NATIVE, SOUTH EAST

**Did you complete the GED?**
- ☐ YES
- ☐ NO

**NAME OF HIGH SCHOOL STATE**
- ____________________________

**GRADUATION MONTH / YEAR STATE**
- ____________________________

**If you've attended under a different name, please list name used**
- ____________________________

**Residency**
- ____________________________

**Ethnicity**
- ____________________________

**Gender**
- ____________________________

**US Citizen?**
- ____________________________

**Name of High School State**
- ____________________________

**Graduation Month / Year State**
- ____________________________

**If you attended UAF before 1983, please list when and where**
- ____________________________

**Residency**
- ____________________________

**Ethnicity**
- ____________________________

<table>
<thead>
<tr>
<th>CRN</th>
<th>DEPT</th>
<th>NUMBER</th>
<th>SECTION</th>
<th>COURSE TITLE</th>
<th>INSTRUCTOR</th>
<th>CREDITS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Are you in a degree program?**
- ☐ Yes
- ☐ No

<table>
<thead>
<tr>
<th>COURSE INFORMATION check “audit” if you are auditing a class</th>
<th>Are you in a degree program?</th>
<th>TOTAL CREDITS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>____________________________</td>
<td></td>
</tr>
</tbody>
</table>

**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.**

**Signature**
- ____________________________

**Date**
- ____________________________

**Advisor Signature**
- ____________________________

---

### COURSE COSTS

**TUITION**
- $ __________

**SPONSORED COURSE FEE**
- $ __________

**LAB FEES**
- $ __________

**BOOKS AND MATERIALS**
- $ __________

**SERVICE FEE**
- $ __________

**UA TECH FEE**
- $ __________

**OTHER (describe)**
- ____________________________

**TOTAL TUITION AND FEES**
- $ __________

**CREDITS (Scholarships/Waivers/Loans)**
- $ __________
- $ __________
- $ __________

**PAID**
- $ __________

**AMOUNT DUE**
- $ __________

### FORM OF PAYMENT

<table>
<thead>
<tr>
<th>(Attach Credit, PAF, DFPP, or Waiver forms)</th>
<th>CASH</th>
<th>MONEY ORDER</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PAYMENT AUTHORIZATION (PAF)</th>
<th>CREDIT CARD</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DEFERRED PAYMENT PLAN (DFPP)</th>
<th>CREDIT CARD</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
</tr>
</tbody>
</table>

**CARD NUMBER**
- ____________________________

**EXP. DATE**
- ____________________________

**NAME AS IT APPEARS ON CARD (Please print)**
- ____________________________

**CVC CODE**
- ____________________________

**SIGNATURE**
- ____________________________

---

An affirmative action/equal opportunity employer and educational institute