UNIVERSITY OF ALASKA FAIRBANKS

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REGISTRATION FORM

NAME:	ALASKA FAIRBANKS Office of Admissions and the Registrar		P Office use only
SEMESTER OF ENROLLMENT: Year 20 Fall Spring Summer Date of Birth (MM/DD/YYYY):		(First)	(M I)
CURRENT MAILING ADDRESS; Phone: Cell Phone #:	Previous names used at the University of Alaska: _		
Correction Matched ADDRESS; Cell Phone #:	SEMESTER OF ENROLLMENT: Year 20	🗆 Fall 🛛 Spri	ng 🖵 Summer Date of Birth (MM/DD/YYYY):
Cell Phone #: (City) (State) (Zip) Please provide an active email address to receive important course information regarding class schedule and meeting location, etc. DEMOGRAPHIC INFORMATION: Vour response helps us better serve students and impacts NWC's eligibility for some funding sources. See Page 2 for information and codes. Sex: Male Female Prefer not to answer Ethnicity: Hispanic or Latino Not Hispanic or Latino Race': Vet/Military Status':	CURRENT MAILING ADDRESS:		Phone:
(City) (State) (Zip) Please provide an active email address to receive important course information regarding class schedule and meeting location, etc. DEMOGRAPHIC INFORMATION: information regarding class schedule and meeting location, etc. Your response helps us better serve students and impacts NWC's eligibility for some funding sources. See Page 2 for information and codes. Sex: Male Female Prefer not to answer Ethnicity: Hispanic or Latino Not Hispanic or Latino Race': Vet/Military Status ² :			Cell Phone #:
DEMOGRAPHIC INFORMATION: information regarding class schedule and meeting location, etc Your response helps us better serve students and impacts NWC's eligibility for some funding sources. See Page 2 for information and codes. Sex: Male Premale Prefer not to answer Ethnicity: Hispanic or Latino Not Hispanic or Latino Race':			Email Address:
DEMOGRAPHIC INFORMATION: Your response helps us better serve students and impacts NWC's eligibility for some funding sources. See Page 2 for information and codes. Sex: Male Premale Prefer not to answer Ethnicity: Hispanic or Latino Not Hispanic or Latino Race': Vet/Military Status ² : US Citizen? Yes No If no, Nation of birth: Nation of citizenship:	(City) (State)	(Zip)	
Sex: Male Female Prefer not to answer Ethnicity: Hispanic or Latino Not Hispanic or Latino Race': Vet/Military Status ² :		ete NIMC'e eligibility	
Visa Type: Permanent Resident? Yes No For instructions on withholding directory information, please see INFORMATION RELEASE on reverse side ³ . PRIOR EDUCATION INFORMATION Did you graduate from high school?			
For instructions on withholding directory information, please see INFORMATION RELEASE on reverse side ³ . PRIOR EDUCATION INFORMATION Did you graduate from high school? □Yes Graduation date? (MM/Year): Name of high school: High School location: (city/state):	US Citizen? 🛛 Yes 🕞 No If no, Nation of bi	rth:	Nation of citizenship:
PRIOR EDUCATION INFORMATION Did you graduate from high school? □Yes Graduation date? (MM/Year): High School location: (city/state): □No If NO, did you complete the GED? □Yes No	Visa Type:	Perman	ent Resident? 🛛 Yes 🖓 No
Did you graduate from high school? I Yes Graduation date? (MM/Year): High School location: (city/state): INo If NO, did you complete the GED? If NO, did you complete the GED? Yes	For instructions on withholding directory information,	please see INFORM	IATION RELEASE on reverse side ³ .
	Did you graduate from high school? Yes Graduation date? (MM/Year):		-
Date GED completed? (MM/Year): Location of GED (state):	□No If NO, did you complete the GED? □ Yes	No	
	Date GED completed? (MM/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::

 Office use only
 Date::

 Processed By:
 Date:

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 10/2016

SUBMIT THIS COMPLETED FORM TO:

UAF Northwest Campus FAX: (907) 443-5602 EMAIL: nwc.info@alaska.edu

QUESTIONS?

Contact us! We are ready to help. (907) 443-2201 or 1-800-478-2202 nwc.info@alaska.edu



¹RACE*

Code Description

- AA Alaska Aleut
- AE Alaska Eskimo, Other/Unspecified
- AH Alaska Indian, Haida
- AI Alaska Indian, Other/Unspecified
- AK Alaska Indian, Tlingit
- AM Alaska Indian, Tsimshian
- AN Alaska Native, Other/Unspecified
- AQ Alaska Eskimo, Inupiaq
- AS Alaska Native, Southeast
- AT Alaska Indian, Athabascan
- AY Alaska Eskimo, Yup'ik
- BL Black, Non-Hispanic
- IN American Indian (Not Alaska Native)
- NH Native Hawaiian or Other Pacific Islander
- SI Asian
- UN Unspecified
- WH White

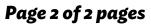
* Requested for compliance with Title IV of the Civil Rights Act of 1964.

² VETERAN/MILITARY STATUS

Code Description Blank Non-veteran FMAI **UAF Air Force Student** FMAR **UAF** Army Student FMCO **UAF** Coast Guard Student FMDP **UAF** Military Dependent FMIL **UAF** Military Student FMMA **UAF** Marine Corps Student FMNA **UAF Navy Student** FVDP **UAF** Veteran Dependent FVET **UAF** Veteran Student



Office of Admissions and the Registrar



³ INFORMATION RELEASE

FERPA

The Office of Admissions and the Registrar is responsible for keeping student education records. The full copy of the university's policies regarding access to student records under the Family Educational Rights and Privacy Act of 1974 (FERPA) are available at **www.alaska.edu/studentservices/ferpa/**.

Directory Information

The university may release certain directory information to the public on a routine basis unless a student requests, in writing, that the university not release it. Forms to request that directory information not be released are available in the Office of Admissions and the Registrar.

No directory information will be released until the last day of late registration. Any request to withhold directory information will continue until a student provides permission, in writing, for the university to release such. After that, information will be released when appropriate. The names of students who have requested their directory information be withheld will not appear in the published university chancellor's and dean's lists.

The following is considered directory information:

- 1. Name
- 2. Email address
- 3. Home city and state
- 4. Weight and height of students on athletic teams
- 5. Dates of attendance at UAF
- 6. Program/major field(s) of study
- 7. Degrees and certificates received, including dates
- 8. Participation in officially recognized university activities
- 9. Academic and co-curricular honors, awards and scholarships received, including dates

⁴ LATE PAYMENT/REINSTATEMENT FEES

Cover payment for your class by the payment deadline to avoid late fees, drops for non-payment, and reinstatement fees.

For more information about fees, contact the Office of the Bursar at 907-474-7384.