Campus	Degree	Semester/Year
☒ Juneau	☐ NOD	☐ Spring/Year
☐ Ketchikan	☒ Degree	☐ Summer/Year
☐ Sitka		☐ Fall/Year
☐ Distance		

UAS UNIVERSITY OF ALASKA SOUTHEAST

COURSE REGISTRATION

Professional Education Center
11120 Glacier Hwy, HB 202
Juneau, Alaska 99801
FAX: 907.796.6166
PH: 907.796.6045

To maintain confidentiality, the University does not publish Social Security numbers on written reports, forms, electronic displays, or other communication unless required and/or permitted by law (Family Education Rights and Privacy Act of 1974). Social Security numbers will be printed on official transcripts.

Course ref #	dept.	course #	sec.	course title	credit	instructor initials
	ED	S193	J_ _			

Course Level:Para-Professional Level

Social Security No. or UA Student ID

Last Name First Name MI

Previous Name(s)

[ ] Female [ ] Male

Date of Birth

Mailing Address

City State Zip Code

Daytime tel. Evening/Message tel.

E-Mail Address

I assume full academic and financial responsibility for this program. If funded, I give my permission to release my student records to the funding agency. I certify the above information is true and accurate.

Student Signature (required) Date

Residency
[ ] Alaska resident since (date):_____
[ ] Other state resident State:_____
[ ] U.S. Citizen
[ ] Other: _____ VISA Type: _____
[ ] Active military/dependent

High School
[ ] Alaska high school: Name:_____
[ ] Other high school State:_____
[ ] High school graduation Date: _____
[ ] G.E.D. Date: _____

Tuition $	
Non-Resident $	
Institute Fees $	
Housing Fees $	
Sponsor fee: Other $	90.00
Total Charges $	90.00
Total Received $	
Balance Due $	
Charge To:	
Received By:	
Date:	

Ethnic Origin

Ethnic origin is requested for compliance with Title IV of the Civil Rights Act of 1964. Used for statistical purposes only.

[ ] American Indian (IN)
[ ] Asian, Pacific Islander (PI)
[ ] Black or African American (BL)
[ ] Hispanic of any race (HI)
[ ] White (WH)
[ ] Two or more races (OT)

Alaska Native
[ ] Aleut (AA)
[ ] Eskimo, Inupiat (AQ)
[ ] Eskimo, Yupik (AY)
[ ] Athabascan (AT)
[ ] Tlingit (AK)
[ ] Haida (AH)
[ ] Tsimshian (AM)
[ ] Other (AN)

METHOD OF PAYMENT

[ ] Cash [ ] Check (No. _____)
[ ] Mastercard [ ] Visa

credit card number exp. date *(month/year)*

[ ] Please send receipt

UAS is an Affirmative Action / Equal Opportunity institution.

Disability or special need? Call 907 796-6000 for information.