UNIVERSITY of ALASKA SOUTHEAST

JUNEAU CAMPUS
REGISTRAR'S OFFICE
11066 AUKE LAKE WAY
JUNEAU, AK 99801
TEL: (907) 796-6100
FAX: (907) 796-6365
uas.registrar@alaska.edu

KETCHIKAN CAMPUS
STUDENT SERVICES
2600 7TH AVE.
KETCHIKAN, AK 99901
TEL: (907) 225-6177
FAX: (907) 225-3624
ketch.info@uas.alaska.edu

SITKA CAMPUS
STUDENT SERVICES
1332 SEWARD AVE.
SITKA, AK 99835
TEL: (907) 747-7700
FAX: (800) 478-3552
sitka.registrations@uas.alaska.edu

COURSE ADD/DROP/CHANGE

Campus
[ ] Juneau
[ ] Ketchikan
[ ] Sitka

Semester/Year
[ ] Spring/Year 20____
[ ] Summer/Year 20____
[ ] Fall/Year 20____

Degree
[ ] Non-Degree Seeking
[ ] Degree/Cert. Program

You must be currently registered to use this form

Use this form to add/drop/withdraw/change to credit/audit for individual courses

last name first name middle initial

UA ID#

email address

mailling address

city state zip code

daytime phone evening/message phone

	course ref #	subject	course #	section	course title	credit	instructor approval*	office use
ADD								
DROP/ WITHDRAW								
CREDIT / AUDIT						[ ] Credit to Audit [ ] Audit to Credit		
						[ ] Credit to Audit [ ] Audit to Credit		

***SIGNATURE REQUIRED IF STUDENT DOES NOT MEET MINIMUM REQUIREMENTS, REGISTERING AFTER THE START DATE OF THE CLASS OR FOR SPECIAL APPROVAL**

I understand that by submitting this registration I am responsible for the tuition and fees associated with any course(s) for which I have registered, whether or not I successfully complete the course(s). I am responsible for dropping courses by the published deadlines to ensure charges are not incurred. If I default on this student account, I promise to pay for the collection, attorney, and legal fees fees necessary for the collection of any amounts owed to the University of Alaska, which may be based on a percentage at a maximum of 40% of the debt. If I do not pay, the university may take my Permanent Fund Dividend under Alaska Statutes 14.40.251 and 43.23.073 and pursue other collection methods. I also understand that past due debt may be reported to credit bureaus.

✖ student signature *(required)* date

✖ UAS advisor signature *(if required)* date

✖ UAS advisor printed name

✖ UAS registrar signature *(if required)* date

FINANCIAL AID

Do you have Financial Aide? [ ] Yes [ ] No
If yes, Financial Aid must sign this form

Note: Your financial aid may be affected by changing your credits.

OFFICE USE ONLY

Credits Paid [ ] Credits After Drop [ ]

✖ UAS financial aid signature date

OFFICE USE ONLY

METHOD OF PAYMENT

[ ] Cash [ ] Check (No. _____)
[ ] Other:_____
Name of agency, school or scholarship, etc.

For credit card payment, contact the Business Office:
Juneau (907)796-6267
Ketchikan (907) 228-4530
Sitka (907) 747-7737