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.

UAS UNIVERSITY OF ALASKA SOUTHEAST

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JUNEAU CAMPUS
REGISTRAR'S OFFICE
11120 GLACIER HWY.
JUNEAU, AK 99801
TEL: (907) 796-6100
FAX: (907) 796-6365

KETCHIKAN CAMPUS
STUDENT SERVICES
2600 7TH AVE.
KETCHIKAN, AK 99901
TEL: (907) 225-6177
FAX: (907) 225-3624

SITKA CAMPUS
STUDENT SERVICES
1332 SEWARD AVE.
SITKA, AK 99835
TEL: (907) 747-6653
FAX: (800) 478-3552

COURSE REGISTRATION

ACCAPUTO | 08-14-2009

Campus
[ ] Juneau
[ ] Ketchikan
[ ] Sitka
[ ] Distance

Degree
[ ] Non-Degree Seeking
[ ] Degree/Cert. Program
[ ] Dual Enrollment
[ ] Tech Prep

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

course ref #	dept.	course #	sec.	course title	audit	credit	sig. of instructor

last name **first name** **middle initial**

student ID or social security no. (new students only)

gender

date of birth

previous name(s)

mailing address

city **state** **zip code**

daytime tel **evening/message tel**

total credits [ ]

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: _____

Ethnicity
[ ] Hispanic or Latino
[ ] Not Hispanic or Latino

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

Race
[ ] Alaskan Aleut
[ ] Alaskan Eskimo, Inupiat
[ ] Alaskan Eskimo, Other
[ ] Alaskan Eskimo, Yupik
[ ] Alaskan Indian, Athabascan
[ ] Alaskan Indian, Haida
[ ] Alaskan Indian, Southeast
[ ] Alaskan Indian, Tlingit
[ ] Alaskan Indian, Tsimpshian
[ ] Alaskan Native, Other
[ ] American Indian
[ ] Native Hawaiian or other Pacific Islander
[ ] Black or African American
[ ] White

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**

✖ **advisor signature** **date**

✖ **college connection advisor/registrar**

✖ **parent signature** (high school student)

METHOD OF PAYMENT

[ ] Cash [ ] Check (No. _____) [ ] Mastercard [ ] Visa
[ ] Senior Citizen Tuition Waiver

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