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# 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 REGISTRATION

**Campus** Semester/Year Degree  
 Juneau  Spring/Year 20\_\_\_\_  Non-Degree  
 Ketchikan  Summer/Year 20\_\_\_\_ Seeking  
 Sitka  Fall/Year 20\_\_\_\_  Degree/Cert. Program

last name first name middle initial

UA ID# [or social security # - required for new students]

MM/DD/YY  female

previous names date of birth  male

preferred email address  
Waitlist email notifications will be sent to the e-mail listed above

mailing address

city state zip code

daytime phone evening/message phone

course ref #	subject	course #	section	course title	audit (Y/N)	credit	instructor approval*

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

total credits

subj.	course #	course title	credit
ART	S305	Advanced Drawing	3 cr
35233	Sec J01	T,R 5:15p-6:45p SB 105 Terzis, J	

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 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 date

\_\_\_\_\_  
UAS registrar signature (if required) date

**Residency\***Additional documentation may be required **Citizenship**

Alaska Resident  
Date: \_\_\_\_\_  
 Military - Active Duty  
 Military - Dependent Child  
 Other state: \_\_\_\_\_

U.S. Citizen  
 Non-U.S. Citizen  
 VISA Type: \_\_\_\_\_  
 Nation of birth: \_\_\_\_\_  
 Nation of citizenship: \_\_\_\_\_

**High School**

Alaska high school: \_\_\_\_\_  
 Other high school: \_\_\_\_\_  
 State: \_\_\_\_\_

Graduation date: \_\_\_\_\_  
 G.E.D./State: \_\_\_\_\_  
 Date received: \_\_\_\_\_

**Veteran**

Yes  No

Please take a moment to confirm your race and ethnicity. Diversity in those we serve helps support grants for many student programs.

**Ethnicity**

Hispanic or Latino  
 Not Hispanic or Latino

**Race**

Alaska Native - Aleut AA  
 Alaska Native - Inupiaq AQ  
 Alaska Native - Yupik AY  
 Alaska Native - Athabascan AT  
 Alaska Native - Haida AH  
 Alaska Native - Tlingit AK  
 Alaska Native - Tsimshian AM  
 Alaska Native - Other AN  
 Alaska Native - Southeast AS  
 American Indian - Not Alaska Native IN  
 Asian SI  
 Black or African American BL  
 Native Hawaiian or other Pacific Islander NH  
 White WH

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