

EMERGENCY CONTACT

name

relationship

address

street or p.o. box

city

state

zip code

phone

()

ENROLLMENT INFORMATION

I am applying for:

- Fall semester (September–December) 20____ Fall semester deadline: August 1st
 Spring semester (January–May) 20____ Spring semester deadline: December 1st
 Summer semester (May–August) 20____ Summer semester deadline: April 1st

Students who apply after the first week of classes will be admitted under the next semester

I wish to attend:

- Juneau campus
 Ketchikan campus
 Sitka campus
 Distance Delivery

DEGREE OR CERTIFICATE PROGRAMS (list of degrees & programs included with this application)

Select a degree: (you may select a second degree to pursue a double major)

- Bachelors Degree: major: _____ emphasis: _____ minor: _____
 Associate of Applied Science: major: _____
 Associate of Arts (general): _____
 Associate of Business: _____
 Certificate: program: _____
 Occupational Endorsement: program: _____

EDUCATIONAL BACKGROUND

The highest level of college education attained by either parent: Associates Bachelors Masters Doctorate

Have you taken the SAT I or the ACT exam? Y N If not, when are you scheduled to take them? _____

Did you receive a high school diploma? Y N Date of graduation: _____ High School: _____ State: _____

Did you receive a GED? Y N Date completed: _____ State: _____

List all colleges or universities you have attended. Attach a separate piece of paper if necessary.

college/university	city, state	attended from mm/yyyy	attended to mm/yyyy	credits earned	semester or quarter	degree awarded	date awarded

OFFICIAL TRANSCRIPTS FOR EACH COLLEGE/UNIVERSITY MUST BE SUBMITTED. Transcripts must bear an official signature and stamp of the issuing school/ institution and be mailed directly to the UAS Office of Admissions or submitted by the applicant in a sealed envelope from the issuing institution. All faxed or photocopied transcripts are considered unofficial.

ETHNIC ORIGIN (optional)

For statistical purposes only. Requested for compliance with Title IV of the Civil Rights Act of 1964.

- | | | | | |
|---|--|---|--|--|
| <input type="checkbox"/> Nonresident Alien
<input type="checkbox"/> Race & Ethnicity Unknown
<input type="checkbox"/> Hispanics of Any Race | For Non-Hispanics Only:
<input type="checkbox"/> Alaska Aleut
<input type="checkbox"/> Alaska Eskimo-Inupiat
<input type="checkbox"/> Alaska Eskimo-Yu'Pik
<input type="checkbox"/> Alaska Eskimo-Other | <input type="checkbox"/> Alaska Indian-Athabaskan
<input type="checkbox"/> Alaska Indian-Haida
<input type="checkbox"/> Alaska Indian-Tlingit
<input type="checkbox"/> Alaska Indian-Tsimshian
<input type="checkbox"/> Alaska Indian-Other | <input type="checkbox"/> Alaska Native-Southeast
<input type="checkbox"/> Alaska Native-Other
<input type="checkbox"/> American Indian
<input type="checkbox"/> Asian
<input type="checkbox"/> Black or African American | <input type="checkbox"/> Native Hawaiian or
<input type="checkbox"/> Other Pacific Islander
<input type="checkbox"/> White
<input type="checkbox"/> Two or More Races |
|---|--|---|--|--|

APPLICATION AGREEMENT

I understand that withholding information on this application or providing false information may make me ineligible for admission to the University of Alaska Southeast or subject to dismissal. With this in mind, I certify that the above statements are correct and complete and if admitted, I agree to abide by the published policies and regulations of UAS. I further understand that from the time I file my application with the university, it is my responsibility to know all the rules, requirements, and exemptions for my intended program.

In order to be considered for admission, this application must be signed, dated, accompanied by a non-refundable application fee and all documents need to be received by UAS Office of Admissions.

_____ **signature**

_____ **date**

The University of Alaska provides equal education and employment opportunities for all regardless of race, religion, color, national origin, sex, disability, or status as a Vietnam-era or disabled veteran. To receive information regarding available services contact UAS at 1-877-465-4827 or (907) 796-6100.