

# REGISTRATION FORM

UNIVERSITY OF ALASKA SOUTHEAST-SITKA  
 1332 SEWARD AVENUE · SITKA, AK 99835  
 1-800-478-6653 · (907) 747-6653  
 FAX: 1-800-478-3552 (AK only) · (907) 747-7731

**CAMPUS**

- Sitka  
 Distance

**SEMESTER/YEAR**

- Spring 20 \_\_\_\_  
 Summer 20 \_\_\_\_  
 Fall 20 \_\_\_\_

**YOUR GOALS (CHECK ALL THAT APPLY:)**

- \_\_\_\_ Earn degree from UAS - Sitka  
 \_\_\_\_ Transfer after taking Sitka course  
 \_\_\_\_ Take courses for personal enrichment  
 \_\_\_\_ Other

Student ID or Social Security Number \_\_\_\_\_

Birthdate \_\_\_\_\_

**DISABILITY OR SPECIAL NEED?** Please call (907) 796-6000 for information.

Name (Please Print) Last First Middle Initial \_\_\_\_\_

Evening/Message Phone \_\_\_\_\_

**HIGH SCHOOL:** STATE MONTH/ YEAR GRADUATION HIGH SCHOOL NAME (AK ONLY)

Mailing Address \_\_\_\_\_

Daytime Phone \_\_\_\_\_

City / State / Zip \_\_\_\_\_

Fax \_\_\_\_\_

- ETHNIC ORIGIN:** (optional-for statistics only)
- [ ] American Indian (IN)  
 [ ] Alaskan Aleut (AA) [ ] Asian/Pacific Islander (PI)  
 [ ] Alaskan Eskimo, Inupiat (AQ) [ ] Black, Non-Hispanic (BL)  
 [ ] Alaskan Eskimo, Other (AE) [ ] Hispanic(H)  
 [ ] Alaskan Eskimo, Yupik (AY) [ ] White, Non-Hispanic (WH)  
 [ ] Alaskan Indian, Athabascan (AT) [ ] Other (OT)  
 [ ] Alaskan Indian, Southeast (AS)  
 [ ] Alaskan Indian, Athabascan (AT)  
 [ ] Alaskan Indian, Tsimpsonian (AM)  
 [ ] Alaskan Native, Other (AN)

e-mail \_\_\_\_\_

Previous/Maiden Name \_\_\_\_\_

**Residency:**  Alaska Resident (one year or more) State of Residence (if not Alaska): \_\_\_\_\_

**Citizenship:**  U.S. Citizen  Resident Alien  Non-Res. Alien (if not U.S.): \_\_\_\_\_

**Military Codes**

- AA** Active Duty-Stationed in Alaska  
**DC** Dependent Child of Active Duty-Stationed in Alaska

dept	course #	course title	credit
ART	S305	Advanced Drawing	3
26233	Sec. T01	T.R. 5 15p-6 45p S8 105 Terzis J	
CRN	sec		

**SEX:** (optional):  Female  Male

CRN	Dept.	Course #	Sec.	Course Title	Credits	Signature of Instructor

**TOTAL CREDITS** \_\_\_\_\_

Are you a High School Student?  Yes

No

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.

Are you admitted to a UAS degree or certificate program?

- Yes  No

**PARENT SIGNATURE (HIGH SCHOOL STUDENT)** \_\_\_\_\_

Office Use Only	
Tuition:	\$
Tech. Fee	\$
Books/Mat.:	\$
Distance Fees:	\$
Lab Fees:	\$
Stud. Gov't Fees:*	\$
Other:	\$
<b>Total Charges:</b>	<b>\$</b>
Payment <input type="checkbox"/> Cash <input type="checkbox"/> Check	
<input type="checkbox"/> Credit Card	
Total Rec'd:	\$
Balance Due:	\$
Charge to:	
Rec'd by:	
Date:	

STUDENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ ADVISOR SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_