

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

CAMPUS
 Sitka
 Distance

SEMESTER/YEAR
 Spring
 Summer
 Fall 20_____

YOUR GOALS (CHECK ALL THAT APPLY):
 Earn degree from UAS - Sitka
 Transfer after taking Sitka courses
 Take courses for personal enrichment
 Other

Student ID or Social Security Number _____

Birthdate _____

Name (Please Print) Last First Middle Initial _____

Evening/Message Phone _____

Mailing Address _____

Daytime Phone _____

City/State/Zip _____

Fax _____

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

DIRECTORY: Permission to release directory information? yes no

Personal information includes your name, dates of attendance and current class standing, major field(s) of study, degrees and awards received, including dates and participation in officially recognized activities. If you wish the university to keep this information confidential, please check "no."

DISABILITY OR SPECIAL NEED? Please call 465-6439 for information.

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

ETHNIC ORIGIN: (optional-for statistics only)

- Alaska Native (unspecified) American Indian
- Alaskan Aleut Asian/Pacific Islander
- Alaskan Eskimo: Inupiat Yupik Black
- Alaskan Indian: Southeastern Athabaskan Caucasian
- Hispanic

SEX: (optional): Female Male

CRN	Dept.	Course No.	Sec.	Course Title	Credits	Signature of Instructor

TOTAL CREDITS _____

Are you a High School Student? Yes No

Are you admitted to a UAS degree or certificate program?
 Yes No

PARENT SIGNATURE _____

Office Use Only	
Tuition:	\$ _____
Tech. Fee:	\$ _____
Books/Mat.:	\$ _____
Distance Fees:	\$ _____
Lab Fees:	\$ _____
Stud. Gov't Fees:*	\$ _____
Other:	\$ _____
Total Charges:	\$ _____
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:	_____

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 _____

DATE _____

ADVISOR SIGNATURE _____

DATE _____

UAS is a AA/EO Educational Institution

* Non-Refundable