

# 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)
- Alaskan Aleut
- Alaskan Eskimo:  Inupiat  Yupik
- Alaskan Indian:  Southeastern  Athabaskan
- American Indian
- Asian/Pacific Islander
- Black
- 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/EQ Educational Institution

\* Non-Refundable