



IN-PERSON REGISTRATION FORM

Office of Admissions and the Registrar
907-474-7500 • 800-478-1823
admissions@uaf.edu • registrar@uaf.edu

P_____

Office use only

NAME: _____ UA ID (or SSN): _____
Please print (Last) (First) (MI)

SEMESTER OF ENROLLMENT Year 20__ __ %Fall %Spring %Summer Date of Birth (MM/DD/YYYY): _____

CURRENT MAILING ADDRESS: _____ Day Phone: _____
_____ Evening Phone: _____
_____ Email Address: _____
(City) (State) (Zip)

Residency¹: Students seeking Alaskan residency or a waiver of non-resident surcharge must complete an Application for Resident Tuition and provide required documentation to the Office of Admissions before the published first day of instruction (UA Board of Regents Regulation R05.10.05). See reverse side for information.

DEMOGRAPHIC INFORMATION: See reverse side for information and codes.

Sex: Male Female PC BT OGR PC BT OGR 2 PC BT OGR Hispanic or Latino
Race²: _____ Vet/Military Status³: _____

US Citizen? Yes No If no, Nation of birth: _____ Nation of citizenship: _____
Visa Type: _____ Permanent Resident? Yes No

PRIOR EDUCATION INFORMATION

Did you graduate from high school?

Yes Graduation date? (MM/DD/Year): _____ Name of high school: _____
High School location: (city/state): _____

No If NO, did you complete the GED? Yes No
Date GED completed? (MM/DD/Year): _____ Location of GED (state): _____

If you attended UAF before 1983, state where and dates of attendance: _____

If you ever attended any UA branch under another name, state name used attendance 19 attended 3 > 2T3O.(7pan<</Actual0n2lh.5.624 0 I S Q /Spa

Number	Section	Course Title	# of Credits	"Yes" if Audit	Instructor Signature (required after last day of late registration)
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I understand I am responsible for all applicable UAF academic regulations, tuition and fees whether or not I successfully complete the course or courses in which I am enrolling. The university may drop me for non-payment. ⁵

I promise to pay attorney's fees and other reasonable collection costs necessary for the collection of any amounts owed UA. If I do not pay, the university may take my Permanent Fund Dividend under Alaska Statutes 14.40.251 and 43.23.073.

Student's Signature

Date:

Office use only

Processed By: _____ Date: _____ Page _____ of _____

