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UNIVERSITY of ALASKA SOUTHEAST

JUNEAU CAMPUS
REGISTRAR'S OFFICE
11066 AUKE LAKE WAY
JUNEAU, AK 99801
TEL: (907) 796-6100
FAX: (907) 796-6365
uas.registrar@alaska.edu

KETCHIKAN CAMPUS
STUDENT SERVICES
2600 7TH AVE.
KETCHIKAN, AK 99901
TEL: (907) 225-6177
FAX: (907) 225-3624
ketch.info@uas.alaska.edu

SITKA CAMPUS
STUDENT SERVICES
1332 SEWARD AVE.
SITKA, AK 99835
TEL: (907) 747-7700
FAX: (800) 478-3552
sitka.registrations@uas.alaska.edu

COURSE REGISTRATION

Campus	Semester/Year	Degree
<input type="checkbox"/> Juneau	<input type="checkbox"/> Spring/Year 20____	<input type="checkbox"/> Non-Degree
<input type="checkbox"/> Ketchikan	<input type="checkbox"/> Summer/Year 20____	<input type="checkbox"/> Seeking
<input type="checkbox"/> Sitka	<input type="checkbox"/> Fall/Year 20____	<input type="checkbox"/> Degree/Cert. Program

last name first name middle initial

UA ID# [or social security # - required for new students]
MM/DD/YY [] female
previous names date of birth [] male

preferred email address
Waitlist email notifications will be sent to the e-mail listed above

mailing address

city state zip code

daytime phone evening/message phone

course ref #	subject	course #	section	course title	audit (Y/N)	credit	instructor approval*

total credits

***SIGNATURE REQUIRED IF STUDENT DOES NOT MEET MINIMUM REQUIREMENTS, REGISTERING AFTER THE START DATE OF THE CLASS OR FOR SPECIAL APPROVAL**

COURSE LISTING	subj.	course #	course title		credit
	ART	S305	Advanced Drawing		3 cr
	35233	Sec J01	T,R	5:15p-6:45p	SB 105 Terzis, J
	course ref # (CRN)	sec.			

I understand that by submitting this registration I am responsible for the tuition and fees associated with any course(s) for which I have registered, whether or not I successfully complete the course(s). I am responsible for dropping courses by the published deadlines to ensure charges are not incurred. If I default on this student account, I promise to pay for the collection, attorney, and legal fees necessary for the collection of any amounts owed to the University of Alaska, which may be based on a percentage at a maximum of 40% of the debt. If I do not pay, the university may garnish my Permanent Fund Dividend under Alaska Statutes 14.40.251 and 43.23.073 and pursue other collection methods. I also understand that past due debt may be reported to credit bureaus.

X _____ date
student signature (required)

X _____ date
UAS advisor signature (if required)

X _____ date
UAS advisor printed name

X _____ date
UAS registrar signature (if required)

Residency* Additional documentation may be required

Alaska Resident Date: _____

Military - Active Duty

Military - Dependent Child

Other state: _____

Citizenship

U.S. Citizen

Non-U.S. Citizen

VISA Type: _____

Nation of birth: _____

Nation of citizenship: _____

High School

Alaska high school: _____

Other high school: _____

State: _____

Graduation date: _____

G.E.D./State: _____

Date received: _____

Veteran

Yes No

Please take a moment to confirm your race and ethnicity. Diversity in those we serve helps support grants for many student programs.

Ethnicity

Hispanic or Latino

Not Hispanic or Latino

Race

Alaska Native - Aleut AA

Alaska Native - Inupiaq AQ

Alaska Native - Yupik AY

Alaska Native - Athabascan AT

Alaska Native - Haida AH

Alaska Native - Tlingit AK

Alaska Native - Tsimshian AM

Alaska Native - Other AN

Alaska Native - Southeast AS

American Indian - Not Alaska Native IN

Asian SI

Black or African American BL

Native Hawaiian or other Pacific Islander NH

White WH

OFFICE USE ONLY	METHOD OF PAYMENT
	<input type="checkbox"/> Cash <input type="checkbox"/> Check (No. _____) <input type="checkbox"/> Other: _____ <i>Name of agency, school or scholarship, etc.</i>
	<i>For credit card payment, contact the Business Office:</i> Juneau (907)796-6267 Ketchikan (907) 228-4530 Sitka (907) 747-7737