

To maintain confidentiality, the University does not publish social security numbers on written reports, forms, electronic displays, or other communication unless required and/or permitted by law (Family Education Rights and Privacy Act of 1974). Social security numbers will be printed on official transcripts.



# 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@alaska.edu

SITKA CAMPUS  
STUDENT SERVICES  
1332 SEWARD AVE.  
SITKA, AK 99835  
TEL: (907) 747-7700  
FAX: (907) 747-7731  
sitka.registrations@uas.alaska.edu

## COURSE REGISTRATION

**Campus**      **Semester/Year**      **Degree**  
 Juneau       Spring/Year 20\_\_\_\_       Non-Degree  
 Ketchikan       Summer/Year 20\_\_\_\_      Seeking  
 Sitka       Fall/Year 20\_\_\_\_       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

### Residency

Additional documentation may be required

Alaska Resident

Date: \_\_\_\_\_

Military - Active Duty

Military - Dependent Child

Other state: \_\_\_\_\_

### High School

Alaska high school: \_\_\_\_\_

Other high school: \_\_\_\_\_

State: \_\_\_\_\_

Graduation date: \_\_\_\_\_

G.E.D./State: \_\_\_\_\_

Date received: \_\_\_\_\_

### Citizenship

U.S. Citizen

Non-U.S. Citizen

VISA Type: \_\_\_\_\_

Nation of birth: \_\_\_\_\_

Nation of citizenship: \_\_\_\_\_

### 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

#### American Indian or Ak Native

Alaska Native – Other

Aleut/Unangax

Alutiiq/Sugpiaq

American Indian

Cup'ik

Dené/Athabaskan

Dené/Athabaskan - Ahtna

Dené/Athabaskan - Deg Xinag

Dené/Athabaskan - Dena'ina

Dené/Athabaskan - Gwich'in

Dené/Athabaskan - Han

Dené/Athabaskan - Holikachuk

Dené/Athabaskan - Koyukon

Dené/Athabaskan - Lower Tanana

Dené/Athabaskan - Tanacross

Dené/Athabaskan - Up Kuskokwim

Dené/Athabaskan - Up Tanana

Eyak

First Nations

Haida

Indigenous – Other

Inupiaq

Siberian Yupik

Tlingit

Tsimshian

Yup'ik

#### Asian

Asian - Other

Chinese

Indian (Asian Subcont)

Japanese

Vietnamese

#### Black or African American

Black or African American

#### Native Hawaiian or Other Pacific Islander

Filipino

Guamanian

Native Hawaiian

Other Indigenous (Pacific Island)

Pacific Islander - Other

Samoan

#### White or Other

White

International Indigenous

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

total credits

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 take 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.



student signature (required)

date



UAS advisor signature (if required)

date



UAS advisor printed name

date



UAS registrar signature (if required)

date

### METHOD OF PAYMENT

Cash       Check (No. \_\_\_\_\_)

Other: \_\_\_\_\_  
Name of agency, school or scholarship, etc.

**For credit card payment,**  
contact the Business Office:

Juneau (907) 796-6267

Ketchikan (907) 228-4530

Sitka (907) 747-7737