UNIVERSITY of ALASKA SOUTHEAST

ENROLLMENT VERIFICATION REQUEST

JUNEAU CAMPUS
REGISTRAR'S OFFICE
11066 AUK 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: (800) 478-3552
registrations@uas.alaska.edu

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student name (print) last first middle initial

UA ID number day phone email address

mailing address city state zip code

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PLEASE SEND VERIFICATION OF MY ENROLLMENT DURING:
Select ONLY ONE semester per form*

[ ] Spring Semester 20___ [ ] Summer Semester 20___ [ ] Fall Semester 20___

Provide anticipated graduation date? [ ] Yes [ ] No

Send verification to:

__________________________________________

__________________________________________

__________________________________________

student signature date

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*NOTE: If more than (3) semesters of enrollment need to be certified, please request a copy of your official transcripts rather than an Enrollment Verification. Enrollment verification is also available through the National Student Clearinghouse at UAOnline. The Clearinghouse Self-Service site provides access to your enrollment verification and printed enrollment verification certificates.

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I certify to the best of my knowledge that the student listed above (is / was) enrolled as a [ ] full-time* [ ] half-time* [ ] part-time* student at the University of Alaska Southeast during the academic period from ___/___/____ to ___/___/____.

*NOTE: Full-time: 12 undergraduate credits; 9 graduate credits; half-time: 6 credits; part-time: 5 and under credits Audited classes, professional development, and Continuing Education Units (CEU's) are not included in the computation of study load for full-time, half-time, or part-time status. It is the student's responsibility to notify the receiving agency of any add/drop transactions completed after the enrollment certification has been prepared.

COMMENTS:__________________________________________

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Please contact our office for any questions.

Trisha Lee, University Registrar

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METHOD OF PAYMENT

Payment must accompany the form

[ ] Cash [ ] Credit Card

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credit card number exp. date (month/year)

security code billing zip code