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@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
[ ] Juneau
[✔] Ketchikan
[ ] Sitka

Semester/Year
[ ] Spring/Year 20____
[ ] Summer/Year 20____
[ ] Fall/Year 20____

Degree
[ ] Non-Degree Seeking
[ ] Degree/Cert. Program

last name first name middle initial

UA ID# [or social security # - required for new students]

previous names date of birth MM/DD/YY

[ ] female
[ ] 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*
	CEU	S042	K01	Harbor Administrat			

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

total credits

COURSE LISTING

subj.	course #	course title	credit
ART	S305	Advanced Drawing	3 cr

35233 (course ref # (CRN)) Sec J01 (sec.) T,R 5:15p-6:45p SB 105 Terzis, J

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.

✖ student signature (required) date

✖ UAS advisor signature (if required) date

✖ UAS advisor printed name date

✖ UAS registrar signature (if required) date

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
[ ] 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
[ ] 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