

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	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____	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*

***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	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.

✗ _____ date
student signature (required)

✗ _____ date
UAS advisor signature (if required)

✗ _____ date
UAS advisor printed name

✗ _____ 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: _____ 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