

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 AUKER 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**  
 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

| 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 ref # (CRN) | subj. | course # | course title                     | credit |
|--------------------|-------|----------|----------------------------------|--------|
| 35233              | ART   | S305     | Advanced Drawing                 | 3 cr   |
|                    | Sec   | J01      | 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.

**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

✗ \_\_\_\_\_  
 student signature (required)     date

✗ \_\_\_\_\_  
 UAS advisor signature (if required)     date

✗ \_\_\_\_\_  
 UAS advisor printed name     date

✗ \_\_\_\_\_  
 UAS registrar signature (if required)     date

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