



UNIVERSITY of ALASKA SOUTHEAST

JUNEAU CAMPUS
REGISTRAR'S OFFICE
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EAGLECREST ENROLLMENT VERIFICATION

SELECT TERM FOR ENROLLMENT VERIFICATION:

- Spring Semester 20__
- Summer Semester 20__
- Fall Semester 20__

full legal name (print) last first middle initial

UA ID number day phone email address

mailing address city state zip code

Special Instructions:

- HOLD FOR PICKUP
- FAX _____
fax number

PLEASE VERIFY MY ENROLLMENT STATUS AT UAS.

✕ student signature date

OFFICE USE ONLY

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I certify to the best of my knowledge that the student listed above IS enrolled in a minimum of nine credits at the University of Alaska Southeast during the academic period from ___/___/___ to ___/___/___ as of ___/___/___.

COMPLETED BY: _____ DATE: _____

UNIVERSITY SEAL

Trisha Lee, University Registrar

PS 11/21