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	K08	Utilities water			

***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