



PO Box 756500
Fairbanks, AK 99775-6500
1-866-478-2721 - phone
907-474-6280 - fax

College of Rural and Community Development

REGISTRATION FORM

FALL _____ SPRING _____ SUMMER _____ YEAR: _____

LAST NAME FIRST NAME MIDDLE NAME

DATE OF BIRTH (MM/DD/YY) UAID NUMBER or SSN - if 1st time registering

ADDRESS *CHECK HERE IF THIS IS A CHANGE OF ADDRESS* ☐

CITY STATE ZIP CODE E-MAIL ADDRESS

EVENING PHONE DAY PHONE PERMANENT PHONE FAX NUMBER

DEMOGRAPHICS - for statistical and record-keeping purposes only:

Gender: Male _____ Female _____

Did you graduate from high school? *Yes _____ **No _____

*If Yes:

Name of High School _____ State _____

Graduation Mo/Yr _____/_____/_____

If No Did you complete the GED: *Yes _____ No _____

***If Yes: Mo/Year/State: _____/_____/_____

If you have attended UAF under a different name, please list name used:

US Citizen: Yes _____ No _____

If No:

Nation of Birth: _____

Nation of Citizenship: _____

Nationality: _____

VISA Type: _____

Residency (Physically in Alaska 2 years prior to enrollment and intent to stay in Alaska):

Alaska Resident _____ Non-Resident _____ or

Military/National Guard _____

Date residency began: ____/____/_____

COURSE INFORMATION check "audit" if you are auditing a class Are you in a degree program? _____ Yes _____ No

CRN	DEPT	NUMBER	SECTION	COURSE TITLE	INSTRUCTOR	CREDITS
						audit? <input type="checkbox"/>
						audit? <input type="checkbox"/>
						audit? <input type="checkbox"/>
						audit? <input type="checkbox"/>
TOTAL CREDITS						

I understand that I am responsible for all applicable UAF academic regulations, tuition and fees, whether or not I successfully complete the course or courses in which I am enrolling.

SIGNATURE

DATE

ADVISOR'S SIGNATURE (if in a degree program)

If you anticipate needing an accommodation for any of your classes, please contact the UAF Office of Disability Services at:
(907)474-5655 (P), (907)474-5688 (Fax), or e-mail uaf-disabilityservices@alaska.edu.

PLEASE CHECK YOUR REGIONAL CAMPUS

- | | |
|--|---|
| <input type="checkbox"/> Bristol Bay Campus
(800)478-5109 (phone)
(907)842-5692 (fax) | <input type="checkbox"/> Kuskokwim Campus
(800)478-5822 (phone)
(907)543-4527 (fax) |
| <input type="checkbox"/> Chukchi Campus
(800)478-3402 (phone)
(907)442-3204 (fax) | <input type="checkbox"/> Northwest Campus
(800)478-2202 (phone)
(907)443-5602 (fax) |
| <input type="checkbox"/> Interior-Aleutians Campus
(888)474-5107 (phone)
(907)474-5208 (fax) | <input type="checkbox"/> CRCD-Fairbanks
(907)474-1916 (phone)
(907)474-6280 (fax) |
| <input type="checkbox"/> Other _____ | |

Ethnicity:

- | | |
|---|---|
| <input type="checkbox"/> AK Aleut | <input type="checkbox"/> Black and White |
| <input type="checkbox"/> AK Eskimo-Other/Unspec | <input type="checkbox"/> Hispanic or Latino |
| <input type="checkbox"/> AK Indian - Haida | <input type="checkbox"/> American Indian and Black |
| <input type="checkbox"/> AK Indian - Other/Unspec | <input type="checkbox"/> Amer Indian-Not AK Native |
| <input type="checkbox"/> AK Indian - Tlingit | <input type="checkbox"/> American Indian and White |
| <input type="checkbox"/> AK Indian - Tsimshian | <input type="checkbox"/> Native Hawaiian/Oth Pac Is |
| <input type="checkbox"/> AK Native - Other/Unspec | <input type="checkbox"/> Asian/Pacific Islander |
| <input type="checkbox"/> AK Eskimo - Inupiaq | <input type="checkbox"/> Asian |
| <input type="checkbox"/> AK Native - Southeast | <input type="checkbox"/> Student Refused |
| <input type="checkbox"/> AK Indian - Athabascan | <input type="checkbox"/> Unknown/Not Specified |
| <input type="checkbox"/> AK Eskimo - Yupik | <input type="checkbox"/> White - Non Hispanic |
| <input type="checkbox"/> Asian and White | <input type="checkbox"/> Other |

COURSE COSTS

OFFICE USE ONLY

Tuition \$	_____
Sponsored Course Fee \$	_____
Lab Fees \$	_____
Service Fees \$	_____
UA Tech Fee \$	_____
Other (describe) \$	_____
SUBTOTAL TUITION/FEES \$	_____
Credits to Balance Due:	
TMS \$	_____
*Credit Card \$	_____
Financial Aid \$	_____
On Account \$	_____
Check/MO (Money Order) \$	_____
PAF (Payment Authorization Form) \$	_____
Cash (in person only) \$	_____
Total Due after Credits Applied \$	_____

*If you wish to pay by credit card, you may do so in person, online, or call your local campus with your credit card information.

An affirmative action/equal
opportunity employer and educational institute.

