

SOCIAL SECURITY #	Previous or Maiden Name:	Gender: Male Female
FULL LEGAL NAME		
(Last)	(First)	(M.I.)
Mailing Address		Home Phone
City	State	Zip Daytime Phone
Email:		

ETHNIC ORIGIN
Ethnic origin is requested for compliance with Title IV of the Civil Rights Act of 1964. Used for statistical purpose only.

AA Alaskan-Aleut
AQ Alaskan Eskimo - Inupiat
AE Alaskan Eskimo - Other
AY Alaskan Eskimo - Yupik
AT Alaskan Indian - Athabascan
AS Alaskan Indian - Southeast
AI Alaskan Indian - Other
AM Alaskan Native - Tsimpsian
AN Alaskan Native - Other
IN American Indian
PI Asian - Pacific Islander
BL Black - Non -Hispanic
HI Hispanic
WH White - Non-Hispanic
OT Other

Improving the educational experience of Alaska's children...

BIRTHDATE: _____
Month Day Year

HIGH SCHOOL: Diploma GED Foreign Equivalent Did not graduate

Name of High School or GED Test Center: _____

City: _____ State: _____ H.S./GED Grad. Date: Mo/Yr _____

Veteran Military Code:
ADA Active Duty - Army
ADAF Active Duty - Air Force
ADCG Active Duty - Coast Guard
ADM Active Duty - Marine
ADN Active Duty - Navy
ADNG Active Duty - National Guard
ADO Active Duty - Other
ADDC Dependent Child

Residency:
Resident Active Military Non-Resident

Citizenship:
US Other

If other, please list: _____

Foreign Student VISA Type:
F1 Permanent Resident Other

COURSE REGISTRATION

1	2	3	YEAR
Spring	Summer	Fall	20__

UNIVERSITY of ALASKA ANCHORAGE
College of Education
Professional and Continuing Education (P.A.C.E.)
3211 Providence Drive, ESB 102
Anchorage, AK 99508-8295
 For registration and course information, call
Voice: 786-1932
Fax: 786-1931
Email: pace@uaa.alaska.edu

What is your goal at UAA?

A Associate Degree
B Baccalaureate Degree
C Certificate
G Graduate Program
H High School Completion
M Maintain License/
Certification
J Job Change/Improvement
P Personal Development
O Other

UAA OFFICE USE ONLY

Date Entered: _____

Initials: _____

UAA ACCOUNTING ONLY

Date: _____ By: _____

Batch No: _____

CRN	Subject	Course	Section	Date(s)	Days	COURSE TITLE	Credits	Graded	Credit Fees

REFUND
See separate student information sheet for refund schedule.

YOUR SAFETY
Your safety and security are very important to us at UAA. For information about our crime prevention programs, crime reporting procedures, and a three year campus security report, contact the UAA Police Department at 907-786-1120

Student _____
Signature **X** _____ Date: _____

TOTAL \$

Please make checks payable to UAA. TYPE of PAYMENT: Check # _____ Cash: \$ _____ Card Type(circle one : | Visa | MasterCard

P PRINT Cardholder Name: _____ Card Number: _____ Expiration: Mo. _____ Yr. _____
A
Y Signature: (required for credit card charges): _____ Date: _____
M
E CVV # _____ (3-digit security code on back of card) BILLING STREET ADDRESS: _____ BILLING ZIP: _____
N
T 3rd Party Purchase Order Number: _____ OrganizationName: _____
Payments Contact Name: _____ Phone: _____