



Student Affairs

PO Box 97, 303 Lowe St, Valdez, AK 99686
Phone 907-834-1632

Received
Office use only

REGISTRATION FORM

Full Legal Name _____
 (Last Name) (First Name) (Middle Name)

Previous Names _____ Gender: Male Female Do not identify as male or female

Social Security Number (required for new students) or UA ID # _____ Date of Birth _____
 (MM/DD/YYYY)

Mailing Address _____

Phone Number _____ Preferred E-mail address: _____

Citizenship Status: Are you a U.S. citizen? Yes No If you are not a U.S. Citizen, what is your current immigration status? _____
You must submit documentation of your immigration status to Student Services.

Residency: Are you qualified to receive an Alaska Permanent Fund Dividend? Yes No

Eligibility for an AK Permanent Fund Dividend is used to determine residency. I understand I may be requested to provide documentation to verify eligibility.

Ethnic category What is your ethnicity? Not Hispanic or Latino Hispanic or Latino

Ethnic Origin: Please indicate which, if any of the following races you consider yourself to be. You may mark more than one.
 The University is collecting this information as required by federal regulation in reporting races and ethnicity for employment and educational statistics.

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| <input type="checkbox"/> Alaska Eskimo – other/unspecified (AE) | <input type="checkbox"/> Black and White (BW) | <input type="checkbox"/> Dené/Athabaskan – Upper Tanana (DU) | <input type="checkbox"/> Native Hawaiian or other Pacific Islander (NH) |
| <input type="checkbox"/> Alaska Indian – other/unspecified (AI) | <input type="checkbox"/> Black or African American (BL) | <input type="checkbox"/> Dené/Athabaskan (AT) | <input type="checkbox"/> Not Specified (UN) |
| <input type="checkbox"/> Alaska Native – other (AN) | <input type="checkbox"/> Chinese (SC) | <input type="checkbox"/> Eyak (AJ) | <input type="checkbox"/> Other (OT) |
| <input type="checkbox"/> Alaska Native – Southeast (AS) | <input type="checkbox"/> Cup'ik (AC) | <input type="checkbox"/> Filipino (FC) | <input type="checkbox"/> Other Indigenous – Pacific Islander (IP) |
| <input type="checkbox"/> Aleut/Unangax (AA) | <input type="checkbox"/> Dené/Athabaskan – Ahtna (DA) | <input type="checkbox"/> First Nations (FN) | <input type="checkbox"/> Pacific Islander – other (SP) |
| <input type="checkbox"/> Alutiiq/Sugpiaq (AL) | <input type="checkbox"/> Dené/Athabaskan – Deg Xinag (DX) | <input type="checkbox"/> Guamanian (SG) | <input type="checkbox"/> Samoan (SR) |
| <input type="checkbox"/> American Indian (IN) | <input type="checkbox"/> Dené/Athabaskan – Dena'ina (DD) | <input type="checkbox"/> Haida (AH) | <input type="checkbox"/> Siberian Yupik (AO) |
| <input type="checkbox"/> American Indian and Black (IB) | <input type="checkbox"/> Dené/Athabaskan – Gwich'in (DG) | <input type="checkbox"/> Hispanic – other (HI) | <input type="checkbox"/> Student Refused (SR) |
| <input type="checkbox"/> American Indian and White (IW) | <input type="checkbox"/> Dené/Athabaskan – Han (DG) | <input type="checkbox"/> Indian (Asian subcontinent) (SN) | <input type="checkbox"/> Tlingit (AK) |
| <input type="checkbox"/> American Indian or AK Native (XX) | <input type="checkbox"/> Dené/Athabaskan – Holikachuk (DO) | <input type="checkbox"/> Indigenous – other (IO) | <input type="checkbox"/> Tsimshian (AM) |
| <input type="checkbox"/> Asian (SI) | <input type="checkbox"/> Dené/Athabaskan – Koyukon (DK) | <input type="checkbox"/> International Indigenous (II) | <input type="checkbox"/> Vietnamese (SV) |
| <input type="checkbox"/> Asian – other (SO) | <input type="checkbox"/> Dené/Athabaskan – Lower Tanana (DL) | <input type="checkbox"/> Inupiaq (AQ) | <input type="checkbox"/> White(WH) |
| <input type="checkbox"/> Asian and White (AW) | <input type="checkbox"/> Dené/Athabaskan – Tanacross (DT) | <input type="checkbox"/> Japanese (SJ) | <input type="checkbox"/> Yup'ik (AY) |
| <input type="checkbox"/> Asian/Pacific Islander (PI) | <input type="checkbox"/> Dené/Athabaskan – Upper Kuskokwim (DW) | <input type="checkbox"/> Native Hawaiian (SH) | |

Please choose one semester: Fall 20 _____ Spring 20 _____ Summer 20 _____

CRN	Subject	Course #	Section	Course Title	Credit/Audit	Instructor's Signature	Date

I understand that by signing I am responsible for tuition and fees associated with any course(s) for which I have registered. I am responsible for dropping courses by published deadlines to ensure charges are not incurred. I understand that if I default on this student account, I am responsible for the collection, attorney and legal fees. The University may garnish my Alaska Permanent Fund Dividend under Alaska Statutes 14.40.251 and 43.23.073. I also understand that the past due debt may be reported to credit bureaus.

Student's Signature: _____ Date: _____

OFFICE USE	entered: _____	Initials: _____	Advisor initials: _____
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