

UA Student ID#		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 Alaska Native-Aleut
- AQ Alaskan Native - Inupiaq
- AH Alaskan Native - Haida
- AY Alaskan Native - Yupik
- AT Alaska Native - Athabaskan
- AS Alaskan Native - Southeast
- AK Alaskan Native - Tlingit
- AM Alaskan Native - Tsimpsonian
- AN Alaskan Native - Other
- IN American Indian-Not AK Native
- SI Asian
- BL Black or African American
- NH Native Hawaiian or other Pacific Islander
- 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

CRN	Subject	Course	Section	Date(s)	Course Title	Credits	Grading	Fee
52484	ED	581	412	7/31/2017 - 8/2/2017	Science Education: Mushrooms of Denali	1	P/NP	\$ 69
TOTAL \$								

I understand that I am responsible for the credit fees associated with the course(s) for which I am registering.

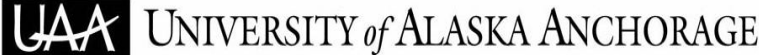
Drop/Refund requests must be received by _____ and withdrawal requests must be received by _____
I am responsible for notifying PACE to ensure that my drop/withdrawal is processed.

Student account balances in excess of \$299 will be subject to late fees if not paid by the published payment deadline.

Student
Signature **X** _____ Date: _____

COURSE REGISTRATION

1	<u>2</u>	3	Year
Spring	Summer	Fall	2017



**College of Education
Professional and Continuing Education (P.A.C.E.)**

**3211 Providence Drive, PSB 221
Anchorage, AK 99508-8295**

Phone: 786-1934 Fax: 786-1931
Email: pace@uaa.alaska.edu

UAA OFFICE USE ONLY

Date Entered: _____

Initials: _____

UAA ACCOUNTING ONLY

Date: _____ By: _____

Batch No: _____

Payment Options

* Credit card payments* can only be made through your UAOnline student account: <https://uaonline.alaska.edu>

*A 2.75% non-refundable service fee (\$3 minimum) will be charged for credit card payments.

* To avoid the service fee, you can pay by e-check via UAOnline, mail a check to the address above, or pay by check in person at UAA Cashiering.

*****Payments cannot be made until your registration form has been received and processed*****