

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 - Athabascan
 - AS Alaskan Native - Southeast
 - AK Alaskan Native - Tlingit
 - AM Alaskan Native - Tsimpsian
 - 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

COURSE REGISTRATION

1	2	3	Year
Spring	Summer	Fall	2018

UAA UNIVERSITY of ALASKA ANCHORAGE

**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@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)	Course Title	Credits	Grading	Fee
52145	ED	581	403	6/3/2018 - 6/17/2018	Science Education: Birds of Wonder Lake	2	P/NP	\$ 89

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: _____

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*****