



# REGISTRATION FORM

OFFICE USE	
Date Entered _____	Initials _____

**SEMESTER/YEAR**

Spring  Summer  Fall  Year \_\_\_\_\_

Full Legal Name (Last)	(First)	(Middle)	UA Student ID or Social Security Number	Email Address	
Address (Street/PO Box/Apt)	(City)	(State)	(Zip)	Daytime Phone	Evening Phone

Race Code	
Required for compliance with Title IV of the Civil Rights Act of 1964.	
AA	<input type="checkbox"/> Alaska Aleut
AE	<input type="checkbox"/> Alaska Eskimo, Other
AH	<input type="checkbox"/> Alaska Indian, Haida
AI	<input type="checkbox"/> Alaska Indian, Other
AK	<input type="checkbox"/> Alaska Indian, Tlingit
AM	<input type="checkbox"/> Alaska Indian, Tsimshian
AN	<input type="checkbox"/> Alaska Native, Other
AQ	<input type="checkbox"/> Alaska Eskimo, Inupiaq
AS	<input type="checkbox"/> Alaska Native, Southeast
AT	<input type="checkbox"/> Alaska Indian, Athabascan
AY	<input type="checkbox"/> Alaskan Eskimo, Yup'ik
BL	<input type="checkbox"/> Black or African American
IN	<input type="checkbox"/> American Indian (Not Alaska Native)
NH	<input type="checkbox"/> Native Hawaiian or other Pacific Islander
SI	<input type="checkbox"/> Asian
WH	<input type="checkbox"/> White
XX	<input type="checkbox"/> American Indian or Alaska Native
Highest Education Level _____	

BIRTH DATE: _____			GENDER: <input type="checkbox"/> Male <input type="checkbox"/> Female		
Month	Day	Year			
RESIDENCY: Please check the appropriate box below for tuition purposes. If you are unsure, check with Student Services staff.					
<input type="checkbox"/>	Resident	<input type="checkbox"/>	Non-Resident	<input type="checkbox"/>	Military
CITIZENSHIP: <input type="checkbox"/> U.S. <input type="checkbox"/> Permanent Resident <input type="checkbox"/> F1 (Foreign Students Visa Type) <input type="checkbox"/> OTHER					
If other, please list: _____					
<b>Ethnicity</b>		HIGH SCHOOL: <input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Foreign Equivalent <input type="checkbox"/> Did not graduate			
<input type="checkbox"/>	Not Hispanic or Latino	High School/GED Graduation Date: _____			
<input type="checkbox"/>	Hispanic or Latino	Name of High School or GED test center: _____ City: _____ State: _____			

CRN	SUB	CRSE	SEC	COURSE TITLE	NUMBER OF CREDITS	AUDIT	INSTRUCTOR'S SIGNATURE Required after the class starts	DATE

**STUDENT SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

By signing above, I accept academic and financial responsibilities for payment of tuition and fees, and give permission to release student records to any funding agencies.