

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 - 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	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

CRN	Subject	Course	Section	Date(s)	Course Title	Credits	Grading	Fee
52502	ED	581	407	6/19/2017 - 6/21/2017	Science Education: Wildflower Walks	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: _____