



**Student Services**  
 PO Box 2889, Palmer AK 99645  
 Phone 907-745-9746, Fax 907-745-9747

Received  
  
Office use only

## REGISTRATION FORM

**PERSONAL:**  
 Full Legal Name \_\_\_\_\_  
(Last name) (first) (middle)  
 Social Security number (required for new students) or UA ID # \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(Month) (Day) (Year)  
 Previous Names \_\_\_\_\_ Gender:  Male  Female  
 Phone Number \_\_\_\_\_ Preferred e-mail address: \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
(Street) (City) (State) (ZIP)  
**Ethnic category** What is your ethnicity? Please check One.  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.  
 Alaska Native - Aleut  Alaska Native - Tlingit  Asian  
 Alaska Native - Athabascan  Alaska Native - Tsimshian  Black or African American  
 Alaska Native - Haida  Alaska Native - Yupik  Native Hawaiian or Pacific Islander  
 Alaska Native - Inupiaq  White  
 Alaska Native - Other/Unspecified  American Indian - Not Alaska Native  Not Specified  
 Alaska Native - Southeast  American Indian or AK Native

**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.**  
 For more information on residency: <http://www.alaska.edu/student-services/student/>

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 Date entered: \_\_\_\_\_ Initials: \_\_\_\_\_ PMCS/Middle College  SPA \_\_\_\_\_ date Advisor initials: \_\_\_\_\_