



High School Student Enrollment form

To enroll at UAF while still a high school student, you must

- Complete this form.
- Meet prerequisites of the course or courses in which you want to enroll.
- Obtain permission from the instructor or the department head.
- Submit the completed form to the Registrar's Office during the regular registration period.
- Pay tuition and fees by the last day of fee payment in the semester you are enrolled.

NOTE: Permission to enroll in a course must be obtained each time you register.

- If you want to use university credit to meet high school requirements, contact your high school counselor before you enroll at UAF.
- Students may choose not to release their directory information by completing a "Request to withhold or release directory information" form, available at the Registrar's Office.*

Please print carefully and provide all information.

Semester attending UAF: Fall Spring Summer \$" ##year

Name _____ **ID No.** _____
Last First Middle (First time students without a UA ID, use your SSN)

Date of birth (month/day/year): (___ / ___ / ___) **E-mail address:** _____

Residency: (Alaska Residency Policy — Please see the "Tuition" section for information)

Students seeking Alaskan residency or a waiver of non-resident surcharge must complete an "Application for Resident Tuition" or "Waiver of Non-Resident Surcharge" and provide required documentation to the appropriate university office prior to the published first day of instruction at their home campus (UA Board of Regents Regulation R05.10.05).

Mailing address: (Please print)

City State Zip (City and state only)

Evening Phone: _____

Day Phone: _____

Permanent Home: _____

Complete the information requested below

Sex: male female **Ethnicity: _____

US citizen? yes no **If no:** Nation of birth: _____ Nation of citizenship _____ Visa type _____

Name of high school you are attending: _____ **H.S. location:** (city/state) _____

When will you graduate from high school? (month/day/year) _____

Course information (Please print carefully)

CRN	Course Dept.	Number	Section	Course Title	No. of Credits	✓ if Audit	Instructor or Department Head Permission†
Total Credits →							

I understand I (or my parent) are responsible for all applicable UAF academic regulations, tuition and fees whether or not I successfully complete the course or courses in which I am enrolling.

Your signature X _____ **Date** _____

Parents signature (if applicant is under 18 years of age) **X** _____ **Date** _____

This form must be completed and returned to the Registrar's Office.

Office use only: Received by _____ Date _____

* Directory information: See Registration Details "Registration Form Information" section.

** Ethnicity: See codes on page 36.

† E-mails directly from instructors or department heads are adequate.

FORMS