UNIVERSITY OF ALASKA FAIRBANKS

Do NOT send form to UAF.

Send form to ARCUS at:

Fax or email registration form to:
Arctic Research Consortium of the U.S.
Phone: 907-474-1600
Fax: 907-474-1604
Email: info@polartrec.com

DO NOT send form to UAF. Send to ARCUS

(LAST) *(FIRST)* *(MIDDLE)*

NAME

SEMESTER OF ENROLLMENT: ☐ Fall ☐ Spring ☐ Summer **Year 20**___

UA ID # __ __ __ __ __ __ __ __ __ *(New students should provide their SSN)*

DATE OF BIRTH (Month/Day/Year): (___ ___/ ___ ___/ ___ ___)

CURRENT MAILING ADDRESS

_____

_____

(City) (State) (Zip)

Day Phone: _____

Evening Phone: _____

Email Address: _____

Residency: 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 Office of Admissions prior to the published first day of instruction (UA Board of Regents Regulation R05.10.05). See reverse side for information.

DEMOGRAPHIC INFORMATION ** See reverse side for information and codes*

Sex: ☐ Male ☐ Female [1] **Ethnicity:** [2] **Vet/Military Status:** [3] **For instructions on withholding directory information, please see reverse side.**

US Citizen? ☐ Yes ☐ No **If no, Nation of birth:** **Nation of citizenship:** **Visa Type:**

PRIOR EDUCATION INFORMATION

Did you graduate from high school? ☐ Yes ☐ No If NO, did you complete the GED? ☐ Yes ☐ No Date completed? (MM/DD/Year) _____ Location of GED (state) _____

Graduation date? (MM/DD/Year) _____ Name of high school you attended: _____ High School location: (city/state) _____

If you attended UAF before 1983, state where and dates of attendance:

If you ever attended any UA branch under another name, state name used:

COURSE INFORMATION (Complete all information requested below. Refer to the Class Schedule for course information)

CRN	Dept.	Course Number	Section	Course Title	# of Credits	"Yes" if Audit	Instructor Signature (required after last day of late registration)
	ED			Applied Life Science Concepts for Educators	1.0		
				in the Context of the Polar Regions II			

I understand I am 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.

Student's Signature X **Date:**

Revised 3/08