

Office of the Registrar
Office of the Registrar
Office of the Registrar

P_____

NAME: _____ UA ID (or SSN): _____
Please print _____

SEMESTER OF ENROLLMENT: _____ Date of Birth _____

CURRENT MAILING ADDRESS: _____

Residence _____

COURSE INFORMATION _____

CRN	Dept.	Course Number	Sect on	Course Title		

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. The university may drop me for nonpayment.⁴

I promise to pay atorney's fees and other reasonable collection costs necessary for the collection of any amounts owed UA. If I do not pay, the university may take my Permanent Fund Dividend under Alaska Statutes 14.40.251 and 43.23.073.

Student's Signature _____ Date: _____

Advisor's Signature (for degree-seeking students only) _____ Date: _____

Processed By: _____ Date: _____

¹ RESIDENT AND NON-RESIDENT TUITION