

SOCIAL SECURITY #			Email Address		
FULL LEGAL NAME (Last) (First) (M.I.)			Previous Name		
Mailing Address			City/State/Zip		
Phone: Daytime			Phone: Msg/Evening		
Birthdate: _____ Month Day Year		Do you have? <input type="checkbox"/> High School Diploma <input type="checkbox"/> GED <input type="checkbox"/> Foreign Equivalent <input type="checkbox"/> None/Did not graduate			
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Name of High School or GED Test Center: _____ City _____ State _____ H.S./GED Graduation Date: Mo/Yr _____			

PLEASE CHECK Ethnic Origin:
Ethnic origin is requested for compliance with Title IV of the Civil Rights Act of 1964. Used for statistical purposes only.

AA Alaskan - Aleut
 AQ Alaskan Eskimo - Inupiat
 AE Alaskan Eskimo - Other
 AY Alaskan Eskimo - Yupik
 AT Alaskan Indian - Athabascan
 AS Alaskan Indian - Southeast
 AI Alaskan Indian - Other
 AM Alaskan Native - Tsimpsonian
 AN Alaskan Native - Other
 IN American Indian
 PI Asian - Pacific Islander
 BL Black - Non-Hispanic
 HI Hispanic
 WH White - Non-Hispanic
 OT Other

PLEASE CHECK:

Residency:
 Resident
 Active Military
 Non-Resident

Citizenship:
 U.S.
 Other Country

Please list: _____

Foreign Student VISA type:
 F1
 Permanent Resident
 Immigrant
 Other

Register by Credit Card-FAX, Mail or Walk-in

What is your goal at UAA?

A Associate Degree
 B Baccalaureate Degree
 C Certificate
 G Graduate Program
 H High School Completion
 M Maintain License/Certification
 J Job Change/Improvement
 T Transfer to another University
 P Personal Development
 O Other

PLEASE CHECK 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

UAA UNIVERSITY of ALASKA ANCHORAGE

1	2	3	Year
Spring	Summer	Fall	20F0

Please circle semester

COURSE REGISTRATION

Return to: ESPM Department
University Center , Rm 155
3901 Old Seward Hwy, Ste. 28
Anchorage, AK 99503
FAX: 786-1935

For PMP Preparation Course information
 Call 786-1924

UAA OFFICE USE

Date Entered: _____

Initials: _____

UAA ACCOUNTING ONLY

Date: _____

Initials: _____

Batch No: _____

CRN	Subject	Course	Section	Date(s)	Circle Day	Title	NonCR	CR/AU	CEU's	Total
47625	PM	A590	006	March 23-27, 2009	MTWRF SU	Program Management Using P6	3			\$2400
					MTWRF SU					
					MTWRF SU					
					MTWRF SU					
					MTWRF SU					
					MTWRF SU					
TOTAL										

***Your signature is required for registration: _____ DATE _____

NO REFUND ONCE THE COURSE BEGINS. For Self Support Courses, 100% refund will be given only if the student processes a drop form two or more business days before the first class. There is a \$5 charge to drop a class, and to change from credit to audit or audit to credit.

PAYMENT	Please make checks payable to UAA. TYPE of PAYMENT: Check # _____ Cash: \$ _____
	PLEASE CIRCLE Card Type: VISA/Discover/Mastercard • Credit Card Number: _____
	Credit Card Exp. Date: Mo. _____ Yr. _____ PLEASE PRINT Cardholder Name: _____
	Your signature is required for CREDIT CARD CHARGES: _____ Date _____

REFUND POLICY
 100% refund if you drop two (2) or more business days before the published class start date.
NO REFUND ONCE THE COURSE STARTS.

YOUR SAFETY
 Your safety and security are very important to us at UAA. If you are interested in our campus crime prevention programs, crime reporting procedures, and a three year campus security report, contact the UAA Police Department at 907-786-1120 or <http://www.uaa.alaska.edu/dos/safety> for a copy of the "Toward A Safer UAA" report."

DISABILITY SUPPORT
 If you experience a disability and would like information on support services, please contact the Manager of Disability Support Services at: 907-786-4530 (Voice); 907-786-4536 (TTY).3688347625