

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 _____			

**UAA** UNIVERSITY of ALASKA ANCHORAGE

1	2	3	Year
Spring	Summer	Fall	2009

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**

**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 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 <u>S</u> U	Program Management Using P6	3			\$2400
					MTWRF <u>S</u> U					
					MTWRF <u>S</u> U					
					MTWRF <u>S</u> U					
					MTWRF <u>S</u> U					
					MTWRF <u>S</u> U					

\*\*\*Your signature is required for registration: \_\_\_\_\_ DATE \_\_\_\_\_

**TOTAL**

**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.**

<b>PAYMENT</b>	Please make checks payable to <b>UAA</b> . TYPE of PAYMENT: Check # _____ Cash: \$ _____
	PLEASE CIRCLE Card Type: <b>VISA/Discover/Mastercard</b> • 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