



HIGH SCHOOL ENROLLMENT FORM

College of Rural and Community Development

PO Box 756500, Fairbanks, Alaska 99775-6500; Phone: 474-7143/474-1916 Fax: 474-6280

Semester: ☐ Fall ☐ Spring ☐ Summer Year: _____

Check your local campus: ☐ Bristol Bay Campus ☐ Chukchi Campus ☐ Interior-Aleutians Campus
842-05692 (fax) 442-3204 (fax) 474-5208 (fax)
☐ Kuskokwim Campus ☐ Northwest Campus ☐ Other
543-4527 (fax) 443-5602 (fax) 474-6280 (CRCD fax)

To enroll while still a high school student, you must do the following:

- Complete this form
- Meet course prerequisites
- Get permission from instructor or department head (Signature or E-mail required)
- Submit completed form to your local campus or to the CRCD Registration Office at the address listed above
- Pay tuition and fees by the last day of fee payment for the semester enrolled
- If you wish to use university credit to meet high school requirements, contact your HS counselor before enrolling
- Students may choose not to release directory information by completing a "request to withhold or release directory information" form. See your local campus for details

Name: _____
(Last) (First) (MI)

UAID or SSN: _____

Current Mailing Address: _____

Date of Birth (MM/DD/YYYY): _____

Day Phone: _____

Evening Phone: _____

E-mail Address: _____

(City) (State) (Zip)

☐ Male ☐ Female

ETHNICITY:

☐ AK Aleut

☐ AK Eskimo, Other

☐ AK Indian, Haida

☐ AK Indian, Other

☐ AK Indian, Tlingit

☐ AK Indian, Tsimshian

Are you a US citizen? ☐ Yes ☐ No

☐ AK Native, Other

☐ AK Eskimo, Inupiaq

☐ AK Native, Southeast

If no, please complete the following:

☐ AK Indian, Athabascan

☐ AK Eskimo, Yup'ik

☐ Black, Non-Hispanic

☐ Hispanic or Latino

☐ American Indian (Not AK Native)

Current visa type (F1, H1, J1, Perm. Resident): _____

☐ Asian, Pacific Islander

☐ White

☐ Other

☐ Student Refused

☐ Unknown

Country of Citizenship: _____

Name of High School attending: _____

Location (city/state): _____

City and Country of Birth: _____

Expected graduation date (MM/DD/YYYY) _____

COURSE INFORMATION (Please print carefully) You must meet **all** prerequisites of the course(s) you wish to enroll.

CRN	DEPT	NUMBER	SECTION	COURSE TITLE	CREDIT	AUDIT	INSTRUCTOR PERMISSION (Signature or E-Mail)

TOTAL CREDITS

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

X _____
STUDENT'S SIGNATURE

DATE

X _____
PARENT'S SIGNATURE (If under 18 years of age)

DATE