

UAS, Juneau Campus
11120 Glacier Highway
Juneau, Alaska 99801
T 907.796.6100 • 907.796.6365

REGISTRATION SECONDARY STUDENT

PLEASE CIRCLE SEMESTER

YEAR

01

SPRING

02

SUMMER

03

FALL

20__

EDUCATIONAL BACKGROUND

CURRENT HIGH SCHOOL STUDENT:

Grade: 9 10 11 12 Diploma GED
 Foreign Equivalent Did not graduate

NAME OF HIGH SCHOOL OR GED TEST CENTER:

H.S./GED GRADUATION DATE MO./YR/:

High School G.P.A.:

RESIDENCY INFORMATION

RESIDENCY:

- Resident
 Active Military
 Non-Resident

FOREIGN STUDENT VISA:

- _____ Perm. Resident
 _____ Other Visa Type

Citizenship:

- Resident
 Other Country: _____

FEE AMOUNTS

FEE

PAYMENT • NO REFUND

- Check Money Order
 Credit Card/Debit Applying for scholarship

- Please make checks payable to UAA CTC
- Please contact UAA CTC to provide CC/debit information

OFFICE USE ONLY

Batch # _____

Date Entered _____ Initials: _____

STUDENT INFORMATION

SOCIAL SECURITY NUMBER	STUDENT HIGH SCHOOL ID NUMBER	CAREER CLUSTERS/EDUCATIONAL PATHWAY (CHOOSE ONE)	ETHNIC ORIGIN
— —	#:	<input type="checkbox"/> Agriculture, Natural Resources & Environmental Sciences	<input type="checkbox"/> Hispanic or Latino
UA ID#	GENDER	<input type="checkbox"/> Architecture & Construction e.g., Architecture, Construction, Drafting, Non-Destructive Testing, Planning or Project Mgmt., Refrigeration & Heating, and Welding	<input type="checkbox"/> Non-Hispanic or Latino
	M <input type="checkbox"/> F <input type="checkbox"/>	<input type="checkbox"/> Arts, AV Technology & Communications	Race (you may select more than one)
(LAST) - FULL LEGAL NAME	(FIRST)	(M.I.)	<input type="checkbox"/> Alaskan - Aleut
			<input type="checkbox"/> Alaskan Eskimo - Inupiat
PREVIOUS OR MAIDEN NAME		<input type="checkbox"/> Business, Mgmt & Admin.	<input type="checkbox"/> Alaskan Eskimo - Other
		<input type="checkbox"/> Education & Training	<input type="checkbox"/> Alaskan Eskimo - Yupik
MAILING ADDRESS		<input type="checkbox"/> Govt, Public Policy & Admin.	<input type="checkbox"/> Alaskan Indian - Athabaskan
		<input type="checkbox"/> Health Science	<input type="checkbox"/> Alaskan Indian - Haida
CITY	STATE	ZIP	<input type="checkbox"/> Alaskan Indian - Southeast
			<input type="checkbox"/> Alaskan Indian - Tlingit
EMAIL ADDRESS		<input type="checkbox"/> Hospitality & Tourism	<input type="checkbox"/> Alaskan Indian - Tsimpsian
		<input type="checkbox"/> Human Services	<input type="checkbox"/> Alaskan Native - Other
		<input type="checkbox"/> Information & Technology	<input type="checkbox"/> American Indian
		<input type="checkbox"/> Law & Public Safety	<input type="checkbox"/> Native Hawaiian or other Pacific Islander
DAYTIME PHONE	EVENING PHONE	BIRTHDAY	<input type="checkbox"/> Black - African American
()	()		<input type="checkbox"/> White
		<input type="checkbox"/> Manufacturing e.g., Instrumentation, Petroleum, Power Generation, Process Tech, Occupational Safety & Health	
		<input type="checkbox"/> Science, Technology,	
		<input type="checkbox"/> Trans., Distribution & Logistics	
		<input type="checkbox"/> Undecided	

PARTNERSHIP INSTITUTION:

COURSE INFORMATION

Course Title	Teacher or Faculty Signature	University Course Title	CRN	Subject	Course #	Section	Credit

Statement of Understanding and Authorization to Discuss/Release Educational Information and/or Documents. The student applicant and his/her guardian understand and accept that:

- University course work may be more rigorous than regular secondary course work;
- University courses will establish a university transcript that will follow the student throughout his or her university career;
- Students (including underage students) who register as university students are fully responsible for complying with all University policies and procedures.

I authorize the _____, the Alaska Tech Prep Consortium and the University of Alaska and/or parties designated by the Alaska Tech Prep Consortium /University of Alaska to discuss/release to each other educational information and/or records pertaining to my registration, attendance, performance and related employment.

STUDENT SIGNATURE	DATE	PARENT GUARDIAN SIGNATURE *	DATE

* If the student is 18 or older, a parent signature can be waived.