



TVC Professional Development Registration Form



1. Complete the form below 2. Fax form to: TVC Student Assistance (907) 455-2828
OR
Bring to: TVC Student Assistance 604 Barnette St. Suite 110
3. Remit payment to: TVC Student Assistance 604 Barnette St. Suite 110
OR
Call 455-2874 with payment information

NAME _____ ID No. _____

Last First M.I.

Date of birth (month/day/year): (__ / __ / __)

Office Use Only

Residency (12 months in Alaska prior to enrollment)
 Not a resident of Alaska
 Active duty military or dependent of active duty military station in Alaska
 Alaska resident.
Note: If this is your first registration with UAF, you may need to verify your residency status.

Received by _____
 Date _____

Mailing Address

 City State Zip

Evening Phone _____
 Day Phone _____
 Permanent home _____ (city and state only)

COMPLETE THE INFORMATION REQUESTED BELOW (For statistical and record identification purposes only)

Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Ethnicity:		
U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	If No, country:	Visa type:	Vet/Military status:
Name of high school you attended:		High school location (city/state)	
Did you graduate from high school? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, date of graduation (month/year):		
If No, did you complete the GED? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, date completed (month/year):		
If you attended UAF before 1983, state where and the dates of attendance:			
If you attended under another name, state name used:			

COURSE INFORMATION (Please print carefully)

CRN	Dept.	Course No.	Section	Course Title	Credits	Instructor Name

I understand I am responsible for all applicable regulations, tuition and fees, whether or not I successfully complete the course or courses in which I am enrolling.

Signature: _____

Date: _____