Community Health Aide Registration

☐ FALL (Aug-Dec) ☐ SPRING (Jan-May) ☐ SUMMER (June-July) Year: _____

COLLEGE OF RURAL AND COMMUNITY DEVELOPMENT

PO Box 756500
Fairbanks, AK 99775-6500
1.866.478.2721 - phone
907.474.6280 - fax

LAST NAME _____ **FIRST NAME** _____ **MIDDLE NAME** _____

DATE OF BIRTH (MM/DD/YY) _____ **SOCIAL SECURITY NUMBER** (required if 1st time registering) _____ **or** **UA ID NUMBER** _____

ADDRESS _____ ☐ **CHECK HERE IF THIS IS A CHANGE OF ADDRESS**

CITY _____ **STATE** _____ **ZIP CODE** _____ **E-MAIL ADDRESS** _____

EVENING PHONE _____ **DAY PHONE** _____ **PERMANENT PHONE** _____ **FAX PHONE** _____

DEMOGRAPHICS for statistical and record-keeping purposes only

Gender ☐ MALE ☐ FEMALE **May we release directory information about you?** ☐ YES ☐ NO

US Citizen? ☐ YES ☐ NO **If NO** → Nation of Birth _____ Nation of Citizenship _____

Nationality _____ VISA Type _____

Did you graduate from high school? ☐ YES ☐ NO **If NO** → Did you complete the GED? ☐ YES ☐ NO

NAME OF HIGH SCHOOL _____ STATE _____ MONTH / YEAR / STATE _____

GRADUATION MONTH / YEAR _____

If you attended UAF before 1983, please list when and where _____ If you've attended under a different name, please list name used _____

Residency (Physically in Alaska 2 years prior to enrollment and intent to stay in Alaska)

☐ ALASKA RESIDENT ☐ NON-RESIDENT ☐ MILITARY / NATIONAL GUARD

Date residency began _____

Ethnicity

- ☐ Alaska Aleut
- ☐ Alaska Eskimo, Inupiaq
- ☐ Alaska Eskimo, Yup'ik
- ☐ Alaska Eskimo, other
- ☐ Alaska Indian, Athabascan
- ☐ Alaska Indian, Haida
- ☐ Alaska Indian, Tlingit
- ☐ Alaska Indian, Tsimpshian
- ☐ Alaskan Indian, other
- ☐ Alaskan Native, other
- ☐ Alaska Native, SE
- ☐ American Indian (not AK Native)
- ☐ American Indian and Black
- ☐ American Indian and White
- ☐ Asian
- ☐ Asian and White
- ☐ Black, not of Hispanic origin
- ☐ Black and White
- ☐ Hispanic or Latino
- ☐ Native Hawaiian/Pacific Islander
- ☐ White, not of Hispanic origin
- ☐ Other _____

COURSE INFORMATION check "audit" if you are auditing a class

Are you in a degree program? ☐ Yes ☐ No

CRN	DEPT	NUMBER	SECTION	COURSE TITLE	INSTRUCTOR	CREDITS
						audit?☐
						audit?☐
						audit?☐
					TOTAL CREDITS	

Training Coordinator Signature _____

I understand that I am responsible 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**

Training Center:

- ☐ **ANTHC - Anchorage**
- ☐ **NSHC - Nome**
- ☐ **SEARHC - Sitka**
- ☐ **YKHC - Bethel**

Student's Health Corporation:

_____
(Name of Health Corporation above)

COURSE COSTS OFFICIAL USE ONLY

TUITION	$ _____
SPONSORED COURSE FEE	$ _____
UA TECH FEE	$ _____
OTHER (describe) _____	$ _____
TOTAL TUITION AND FEES	$ _____

FORM OF PAYMENT

MONEY ORDER/CHECK# _____	$ _____
CRCD HEALTH PROGRAMS PAYMENT	$ _____
PAYMENT AUTHORIZATION (PAF)	$ _____
☐ VISA ☐ MASTERCARD **CREDIT CARD**	$ _____

CARD NUMBER _____ EXP. DATE _____

NAME AS IT APPEARS ON CARD (Please print) _____ CVC CODE _____

X _____
SIGNATURE

An affirmative action/equal opportunity employer and educational institute

UAF UNIVERSITY OF ALASKA FAIRBANKS