

Community Health Aide Registration

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

LAST NAME _____ FIRST NAME _____ MIDDLE NAME _____

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

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, Athabaskan
- Alaska Indian, Haida
- Alaska Indian, Tlingit
- Alaska Indian, Tsimshian
- 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? <input type="checkbox"/>
						audit? <input type="checkbox"/>
						audit? <input type="checkbox"/>
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

COLLEGE OF RURAL AND COMMUNITY DEVELOPMENT

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

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

