



Registration Form

Office of the Registrar
 P.O. Box 749
 Barrow, AK 99723
 Phone: (907) 852-1757 or 1763
 Fax: (907) 852-1784

Semester (Check One): Spring Summer Fall Year 20__

Degree: Non-Degree Degree/Certificate Dual Credit

Social Security # (For NEW STUDENTS) or Student Number

PERSONAL INFORMATION

Name: _____ Address: _____
 (Last, First, Middle) (Street/PO Box, City, State, Zip Code)

Date of Birth: _____ Gender: Male Female Other Email: _____

Work Phone: _____ Cell Phone: _____ Home Phone: _____

Ethnicity: (CHECK ONE): Alaska Native American Indian African American Asian
 Caucasian Hawaiian Hispanic Pacific Islander Other

Active Military? Yes No If no, Veteran? Yes No US Citizen? Yes No If no, Nation of citizenship: _____
 Permanent Resident? Yes No

BILLING: Please fill this out if the billing is not going to you.

Financial Aid Employer- Funded Company: _____ Grant Funded: # _____ Ilisaġvik College
 Other: _____ Contact Person: _____ Address or Phone #: _____

CHECK ANY THAT APPLY: Corporation/Tribe* NSBSD Teacher** Emergency Personnel ** Senior (62 Years+) **
 *Please provide Registrar's Office with a copy **Please submit a tuition waiver form

HOW DID YOU HEAR ABOUT THESE CLASSES? E-mail Facebook KBRW Radio Fliers Ads
 Recruiter Website Word of Mouth Other : _____

Dept	Course #	Sec #	Course Title	Dates / Days / Times	Credits	Audit	Instructor
Total credits							

* Initial Here: _____ I acknowledge that by initialing, I will be fully responsible for costs not covered by Financial Aid, employers, grants or scholarships.

Student Signature (Required) _____ **Date** _____

Advisor Signature (Instructor) (Required) _____ **Date** _____

Business Office Signature _____ **Date** _____

Registration Office Signature _____ **Date** _____

Cost per credit hour: _____

Tuition:	\$	_____
Registration Fee:	\$	_____
Student Support Service Fee:	\$	_____
Course, Lab & Materials Fee:	\$	_____
Other:	\$	_____
TOTAL TUITION & FEES =	\$	_____

Release Information: The Family Educational Rights and Privacy Act protects a student's right to privacy by limiting information that can be released to the public in what is referred to as Directory Information. Directory Information is that part of an education record of a student that would not generally be considered harmful or an invasion of privacy if disclosed. Directory Information can **NEVER** include: student identification number, race, social security number, ethnicity, nationality, gender. **DIRECTORY INFORMATION** is information that can be released to the public without permission from the student. Directory Information at Ilisaġvik College includes: student's name, local address, permanent address, email address, photos, and telephone numbers (including cell phone numbers), names and dates of previous high schools and colleges attended, classification (Freshman, Sophomore), enrollment status, major field of study, dates of attendance and anticipated date of graduation, participation in officially recognized activities, degrees and awards granted. (Photo maybe used for promotional or reporting purposes.) **If you DO NOT want this information released, see the Registration Office for the Opt Out form.**

Course Information (Waiver cannot be applied to repeat classes)

This waiver applies to the following semester (Select one):

- Summer 2018 Deadline: July 1, 2018
- Fall 2018 Deadline: October 1, 2018
- Spring 2019 Deadline: March 1, 2019

Extensions are granted for classes starting after the deadline.

Vocational Education/Workforce Development Short-term Training (**Mark if applicable**)

This waiver applies to the following courses:

1	6
2	7
3	8
4	9
5	10

Student Agreement and Signature

By signing below, I confirm that the information I have provided is true and correct. Additionally, I understand that this is a waiver of tuition. Registration fees, lab fees, lab kits, art supplies, textbooks and other special costs are my responsibility.

I understand that tuition waivers cannot be applied retroactively and will not be issued if my student account has an outstanding balance of \$500 or higher.

I give Iḷisaḡvik College permission to use my name and image in marketing materials related to the Tuition Waiver program.

Student Signature Date

Iḷisaḡvik College Employee Signature (for IC Employee Waiver) Date

Iḷisaḡvik College Supervisor Signature (for IC Employee Waiver) Date

<i>Registrar's Office Verification:</i>	<i>Date:</i>
<i>Financial Aid Office Verification:</i>	<i>Date:</i>
<i>VEWFD Short Term Training Verification:</i>	<i>Date:</i>

President Signature Date