



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 only					0		

* 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** _____

Cost per credit hour: \$185

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

Business Office Signature _____ **Date** _____

Registration Office Signature _____ **Date** _____

Tuition:	\$ _____
Registration Fee:	\$ 50
Student Support Service Fee:	\$ 120 Full time
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.**



Tuition Waiver 2020-2021

- (1) Select one waiver you wish to apply for.
 (2) Read, agree, and initial each item under that waiver.

Student Name (Last, First, Middle)	Date	Last 4 digits of SSN
MAYOR'S TUITION WAIVER		
Initial		
	I have been a North Slope Borough resident for at least 30 days and am 18 years or older.	
	I intend to apply/have applied to a program of study at Ilisaġvik College. (For continued eligibility, students must be admitted to a program of study.)	
	I submitted at least one scholarship application.	Scholarship applied for:
	I authorize the IC Registrar's Office to release grades to the Business Office.	
	I understand that (1) I must pass 2/3 of the credits I enroll in and (2) achieve a grade point average of 2.0 (Grade C) for the current semester in order to remain eligible for the waiver in future semesters.	
ALASKA NATIVE/AMERICAN INDIAN, OFF-SLOPE TUITION WAIVER		
Initial		
	I am Alaska Native/American Indian, do not reside permanently on the North Slope, and am 18 years or older.	
	I will provide the Registrar's Office with a copy of my tribal card.	
	I intend to apply/have applied to a program of study at Ilisaġvik College. (For continued eligibility, students must be admitted to a program of study.)	
	I submitted at least one scholarship application.	Scholarship applied for:
	I authorize the IC Registrar's Office to release grades to the Business Office.	
	I understand that (1) I must pass 2/3 of the credits I enroll in and (2) achieve a grade point average of 2.0 (Grade C) for the current semester in order to remain eligible for the waiver in future semesters.	
NORTH SLOPE BOROUGH SCHOOL DISTRICT TUITION WAIVER		
Initial		
	I am a certified teacher for the NSBSD.	
	I understand that this waiver applies only to DEED courses eligible for certification or any course with an ANS/INU designator.	
NORTH SLOPE FIRE DEPARTMENT TUITION WAIVER		
Initial		
	I am an employee or volunteer firefighter/EMS personnel for the NSBFD.	
	I intend to apply/have applied to a program of study at Ilisaġvik College. (For continued eligibility, students must be admitted to a program of study.)	
	I authorize the IC Registrar's Office to release grades to the Business Office.	
ILISAĠVIK EMPLOYEE/SPOUSE/DEPENDENT WAIVER		
Initial		
	My name is _____, and I am a permanent Ilisaġvik employee.	
	I authorize verification of my employment status.	
	I authorize my spouse/dependent _____ to register under this waiver.	
	I understand that any coursework under this waiver must be completed with a grade of "C" or higher.	
	I acknowledge that if I and/or my eligible spouse/dependent do not earn a grade of "C" or higher, I am responsible for the cost of tuition and authorize an immediate payroll deduction in the amount owed for courses taken under this waiver.	
	I authorize the IC Registrar's Office to release grades to the Business Office.	
NORTH SLOPE BOROUGH ELDER WAIVER		
Initial		
	I am a North Slope Borough resident.	
	I am at least 62 years of age.	

Questions about this form? Contact Registration at 852-1757 or Admissions at 852-1754

Course Information (Waiver cannot be applied to repeat classes)

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

- Summer 2020 Deadline: July 1, 2020
- Fall 2020 Deadline: October 1, 2020
- Spring 2021 Deadline: March 1, 2021

Extensions are granted for classes starting after the deadline.

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

Student Agreement and Signature

By signing below, I confirm that the information I have provided is true and correct. I understand and agree to the following:

- **This is a waiver of tuition. Registration fees, lab fees, lab kits, art supplies, textbooks and other special costs are my responsibility.**
- Tuition waivers cannot be applied retroactively and will not be issued if my student account has an outstanding balance of \$500 or higher.
- If I **do not** pass 2/3 of my credits **and do not** achieve a GPA of 2.0 ("C") in this current semester, I will not receive a waiver for the next semester I take classes. Instead, I am responsible for the cost (personally and/or through scholarships or federal financial aid). However, after one successful semester of taking classes without utilizing the tuition waiver, I can apply for a waiver again.

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

Student Signature Date

Iñisaġvik College Employee Signature (for IC Employee Waiver) Date

Iñisaġvik College Supervisor Signature (for IC Employee Waiver) Date

Registrar's Office Verification:	Date:
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President Signature Date