



# 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
<b>Total credits only</b>							

\* 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: \_\_\_\_\_

**Advisor Signature (Instructor) (Required)** \_\_\_\_\_ **Date** \_\_\_\_\_

**Business Office Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Registration Office Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Tuition:	\$ _____
Registration Fee:	\$ _____
Student Support Service Fee:	\$ _____
Course, Lab & Materials Fee:	\$ _____
Other:	\$ _____
<b>TOTAL TUITION &amp; FEES =</b>	<b>\$ _____</b>

**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 2021-2022

1. Select one (1) 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

Initial	MAYOR'S TUITION WAIVER
	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. ( <b>For continued eligibility, students must be admitted to a program of study.</b> )
	I submitted at least one scholarship application. <b>Scholarship applied for:</b>
	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 <b>and</b> (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.

Initial	ALASKA NATIVE/AMERICAN INDIAN, OFF-SLOPE TUITION WAIVER
	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. ( <b>For continued eligibility, students must be admitted to a program of study.</b> )
	I submitted at least one scholarship application. <b>Scholarship applied for:</b>
	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 <b>and</b> (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.

Initial	NORTH SLOPE BOROUGH SCHOOL DISTRICT TUITION WAIVER
	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.

Initial	NORTH SLOPE FIRE DEPARTMENT TUITION WAIVER
	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. ( <b>For continued eligibility, students must be admitted to a program of study.</b> )
	I authorize the IC Registrar's Office to release grades to the Business Office.

Initial	ILISAĞVIK EMPLOYEE/SPOUSE/DEPENDENT WAIVER
	My name is _____, and I am a permanent Iļisađvik 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.

Initial	NORTH SLOPE BOROUGH ELDER WAIVER
	I am a North Slope Borough resident.
	I am at least 62 years of age.

### Course Information (Waiver cannot be applied to repeat classes)

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

- Summer 2021      Deadline: July 2, 2021  
 Fall 2021          Deadline: October 1, 2021  
 Spring 2022        Deadline: March 4, 2022

**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 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 Employee Signature (for IC Employee Waiver)

\_\_\_\_\_  
Date

\_\_\_\_\_  
President Signature

\_\_\_\_\_  
Date

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