REGISTRATION FORM

Office of the Registrar/Admissions
PO Box 749 Barrow, AK 99723
907-852-1754 or 1757 fax: 907-852-1784
registration@ilisagvik.edu

SEMESTER: ☐ Fall ☐ Spring ☐ Summer YEAR: 20 _____ Dual Credit students use **Dual Credit Registration Form**

SEEKING: ☐ Degree or Certificate ☐ Non-Degree ☐ Dual Credit — High School: _____

STUDENT NAME: _____
First Middle Last

SSN (Req'd): _____ DATE OF BIRTH: _____ GENDER : ☐ Male ☐ Female ☐ Other

EMAIL: _____ PHONE: _____

MAILING ADDRESS: _____
Street/PO Box City State Zip

ETHNIC ORIGIN: ☐ Alaska Native ☐ African American ☐ American Indian ☐ Asian
☐ Caucasian ☐ Native Hawaiian ☐ Hispanic ☐ Pacific Islander ☐ Other _____

ALASKA RESIDENT (1 yr)? ☐ Yes ☐ No U.S. CITIZEN? ☐ Yes ☐ No

U.S. PERMANENT RESIDENT? ☐ Yes ☐ No Nation of citizenship if not a U.S. Citizen: _____

ACTIVE MILITARY? ☐ Yes ☐ No MILITARY VETERAN? ☐ Yes ☐ No

ARE YOU THE FIRST GENERATION OF YOUR FAMILY TO ATTEND COLLEGE?: ☐ Yes ☐ No

CHECK ANY THAT APPLY: Please submit a completed tuition waiver form.
☐ Corporation/Tribe ☐ NSBSD Employee ☐ NSB Resident ☐ Elder (62+) ☐ Iḷisaġvik Employee

HOW DID YOU HEAR ABOUT US: ☐ Email ☐ Social Media ☐ KBRW Radio ☐ Ads ☐ Flyers ☐ Recruiter ☐ Website
☐ Other: _____

BILLING: Please check below if you are not responsible for the bill.

☐ Financial Aid ☐ Employer-Funded - Company: _____ ☐ Grant-Funded #: _____
☐ Iḷisaġvik College ☐ Other Contact:_____ Phone/email: _____

Dept.	Course #	Sec #	Course Title	Time & Place	Credits	Audit	Instructor

TOTAL CREDITS: _____

Initial here: _____ I acknowledge that I am fully responsible for costs not covered by Financial Aid, employers, grants, or scholarships.

Tuition:	$_____	Tution = $205/credit hour
Registration Fee:	$ 50	
Student Support Fee:	$ 120 (full time)	
Course, Lab, & Material Fee:	$_____	
Other:	$_____	
Total Tuition & Fees:	**$_____**	

STUDENT SIGNATURE (Required): _____ DATE: _____

ADVISOR SIGNATURE (Required): _____ DATE: _____

BUSINESS OFFICE SIGNATURE: _____ DATE: _____

REGISTRATION SIGNATURE: _____ DATE: _____

RELEASE INFORMATION: The Family Educational Rights and Privacy Act (FERPA) protects a student's right to privacy by limiting information that can be released to the public to 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 can be released to the public without permission from the student. Directory Information at Iḷisaġvik College includes: student name, local address, permanent address, email address, photos, telephone numbers, names and dates of previous high schools and colleges attended, classification (freshman, sophomore, etc.), enrollment status, major field of study, dates of attendance and anticipated date of graduation, participation in officially recognized activities, degrees and awards granted. Photos may be used for promotional or reporting purposes. If you DO NOT want this information released, see the Registration Office for the Opt Out Form. By signing above, I authorize Iḷisaġvik College to use my name and image in marketing material.