



# 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

SS # (new students only) or student ID

Gender:  Male  Female

### PERSONAL INFORMATION

Last Name First Name Middle

PO Box City State ZIP Code

Date of Birth Email

Work phone Cell Phone Home Phone

### Ethnic Origin (Check One)

- Alaska Native  African American  American Indian
- Asian  Caucasian  Hawaiian
- Hispanic  Pacific Islander  Other

Active Military?  Yes  No If no, Veteran?  Yes  No

Citizenship:  U.S. Citizen  Nonresident Alien

### 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
- Posted fliers  Printed Ad  Recruiter
- TV Ad  Website  Word of Mouth
- Other: Please explain: \_\_\_\_\_

### BILL TO:

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

- Financial Aid  Grant-funded: #:
- Employer-funded  Other: \_\_\_\_\_
- Ilisagvik College

Contact Person: \_\_\_\_\_ Address or Phone #: \_\_\_\_\_

**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 Ilisagvik 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.**

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

Student Signature (Required) \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature (If Student under 18) \_\_\_\_\_ Date \_\_\_\_\_

Advisor Signature (Instructor) \_\_\_\_\_ 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>