

1	2	3	Year
Spring	Summer	Fall	<b>2012</b>
Please circle semester			

**COURSE REGISTRATION**

Return to: Project Management Department

3901 Old Seward Hwy, UC155  
Anchorage, AK 99503

FAX: 786-1935

EMAIL: pm@uaa.alaska.edu

For more information, please call: 786-1924

http://www.uaa.alaska.edu/pm

UAA OFFICE USE  
Date Entered: \_\_\_\_\_  
Initials: \_\_\_\_\_

UAA ACCOUNTING ONLY  
Date: \_\_\_\_\_  
Initials: \_\_\_\_\_  
Batch No: \_\_\_\_\_

**REFUND POLICY**  
100% refund if you drop two (2) or more business week before the published class start date.  
**NO REFUND ONCE THE COURSE STARTS.**

**YOUR SAFETY**  
Your safety and security are very important to us at UAA. If you are interested in our campus crime prevention programs, crime reporting procedures, and a three year campus security report, contact the UAA Police Department at 907-786-1120 or <http://www.uaa.alaska.edu/dos/safety> for a copy of the "Toward A Safer UAA" report."

**DISABILITY SUPPORT**  
If you experience a disability and would like information on support services, please contact the Manager of Disability Support Services at: 907-786-4530 (Voice); 907-786-4536 (TTY). 3688347625

\_\_\_\_\_  
SOCIAL SECURITY # \_\_\_\_\_ Email Address \_\_\_\_\_

\_\_\_\_\_  
FULL LEGAL NAME (Last) (First) (M.I.) (Last) Previous Name \_\_\_\_\_

\_\_\_\_\_  
Mailing Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

\_\_\_\_\_  
Phone: Daytime \_\_\_\_\_ Phone: Msg/Evening \_\_\_\_\_

Birthdate: \_\_\_\_\_  
Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Employer: \_\_\_\_\_  
Position: \_\_\_\_\_  
Nickname/ Preferred Name: \_\_\_\_\_

Gender:  Male  Female

**Register by Credit Card-FAX,  
Mail or Walk-in**

**PLEASE CHECK:**  
Residency:  
 Resident  
 Active Military  
 Non-Resident

Citizenship:  
 U.S.  
 Other Country

Please list: \_\_\_\_\_  
**Foreign Student VISA type:**  
 FI  
 Permanent Resident  
 Immigrant  
 Other

\*\*\*SSN is required for students who have not yet been associate with the university.  
Please call 786-1924 for any concerns or questions.

Participation through distance education/ technology?  
 YES  
 NO

CRN	Subject	Course	Section	Date(s)	Days	Title	NonCR	CR/AU	PDU's	Total
41349	PM	A590	001	April 26, 27, 2012	R, F	PM Using MS Project		1	14	\$1425
<b>TOTAL</b>										<b>\$1425</b>

\*\*\*Your signature is required for registration: \_\_\_\_\_ DATE: \_\_\_\_\_

NO REFUND ONCE THE COURSE BEGINS. For Self Support Courses, 100% refund will be given only if the student processes a drop form two or more business days before the first class. There is a \$5.00 charge to drop a class, and to change from credit to audit or audit to credit.

**PAYMENT**

Please make checks payable to UAA. TYPE OF PAYMENT: Check # \_\_\_\_\_ Cash: \$ \_\_\_\_\_

Credit Card Number: \*\*\*\*\* LAST 4 Digits ONLY, Cardholder Name \_\_\_\_\_ ask for: \_\_\_\_\_

PHONE NUMBER to call to complete Credit Card Payment: \_\_\_\_\_ Date \_\_\_\_\_

Your signature is required for CREDIT CARD CHARGES: \_\_\_\_\_

\*\*\* Please print, and sign the registration form. We are accepting the form through fax: 907-786-1935 or e-mail: pm@uaa.alaska.edu