õìórð	he Registrar óðir ó ï ì ì {	oéórðóðr OE>o•IX	P									
NAME:	_	Œ > 0 •1 X				UA ID	(or SSN)	ı:				
Please pri		NROLLMEN	-	E îìzz‰az&ao%oo^‰	Œ%~v1Pµu	u D Eate	e of Birt	h ĐDI	lzz z	¥V		
CURRENT MAILING ADDRESS:						Ç WZ <u>}v W</u>						
Residen			~ ^ š •š	~ •] ‰ •								
h^]`		• ‰ E}	/(Ÿ}b	‰ }µ•l ‰ v‱vš` V F(<u>]OEšZW</u> š Z •] %oš/We		_ E Ÿ	-					-
COURSE	INFORMA	TION ~ }u	%₀ O Š	oo]v(}Œu Ÿ}	—— V 05 (II	ěě	0.}	ÁX 7 (OF :	š) š7	0	
CRN	Dept.	Course Number		Course Title	V GE P	. }(^ z • _] (v • š (Έμš	} OE ^ 1	Pv s	
		rumber						<u> </u>	, «-			3)(
							ļ					
	+	+										
				UAF academic regulat ons may drop me for nonpaym		fees who	ether or i	not I succe	ssfully o	omplete t	he cour	se or
l promise	e to pay at o	rney's fees and	d other reas	onable collect on costs neo end under Alaska Statutes 1	essary for th			y amounts	owed L	JA. If I do	not pay	, the
	sSignature_	-		Date:								
Advisor's	s Signature (for degree-see			Da	ate:						

W P____ } (____

of ce use only

Processed By: _______ Date: ______