



CLASS SCHEDULE - CLICK LINK HERE
REGISTRATION FORM

Please print carefully and clearly in ink.

—Records/Registrar's Office Use—
Date Received: _____
Check when completed:
____SGASTDN General Student ____SFAREGS Registration

1. Student ID Number _____ Date _____

2. Name _____
Last First Middle

3. Current Address _____
(Street, Post Office Box, etc.)

City State County ZIP Code

4. Home Ph. (Include Area Code) (_____) _____ Cell Ph. (Include Area Code) (_____) _____ Work Ph. (Include Area Code) (_____) _____

5. Person to Contact in Case of Emergency _____
Name Area Code Telephone Number Relationship

* Mass texting is used by authorized university officials regarding academic matters including but not limited to advising, registration, academic support, student accounts, and financial aid.

YES, I give consent to UAFS to text the cell number listed above. NO, I do not give consent.

* You may change your texting preference at any time by visiting My.UAFS and completing the Update to Academic Texting Preference form.

Your authorization is required if you plan to use financial aid for non-educational charges, which include but are not limited to parking fees, late registration fees, and library fees. Please select one of the options below.

YES, I authorize UAFS to use my financial aid to pay all charges on my student account NO, I do not authorize UAFS to use my financial aid to pay other charges on my student account.

The answer to the following question is optional and confidential. The information will be used for institutional research and to more effectively provide services.

1. Please indicate the educational level of your parents.
Mother Father
Less than high school graduate
High school graduate/GED
Attended college but did not graduate
College graduate (2 yr.)
College graduate (bachelor's or higher)
2. What is your employment status?
 Fewer than 40 hours per week
 40 hours per week (or more)
 Not employed
 Retired
3. Race/Ethnicity: Do you consider yourself to be Hispanic/Latino? Yes No
Select one or more races to indicate what you consider yourself to be:
 American Indian or Alaskan Native Asian Black or African American
 Native Hawaiian or other Pacific Islander White

OFFICIAL INFORMATION

COLLEGE EDUCATIONAL OBJECTIVE (Check only one):

- ____ Complete degree/certificate at UAFS
- ____ Transfer courses-but do not plan to complete a degree at UAFS
- ____ Career/job-related courses
- ____ Job certification/licensure
- ____ Improve self/personal enrichment
- ____ High school concurrent student
- ____ Explore educational opportunities

DEGREE OBJECTIVE (Check only one):

- Baccalaureate Degree** - A four-year degree through UAFS
- Associate of Arts** - A two-year degree from UAFS or transfer
- Associate of Applied Science** - A two year technical-occupational degree
- Associate of General Studies** - A two-year degree of electives and general education courses
- Certificate Program** - An occupational certificate
- Certificate of Proficiency** - An occupational certificate
- Non-degree Seeking** - Courses for personal interest, job skills, still enrolled in high school, or transient student
- Graduate Studies** - A master's degree through UAFS

FORMS MUST BE SENT THROUGH UAFS EMAIL ONLY. UAFS EMAIL CAN BE USED AS AN ELECTRONIC SIGNATURE.

Student ID Number							Name						
Summer I 2020							Fall 2020						
WL	Audit	CRN	SUBJ	CRSE #	SEC.	Time/Day	WL	Audit	CRN	SUBJ	CRSE #	SEC.	Time/Day
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____
Payment Deadline May 22, 2020 (5 p.m.)							Payment Deadline August 7, 2020 (5 p.m.)						
Summer II 2020													
WL	Audit	CRN	SUBJ	CRSE #	SEC.	Time/Day	WL	Audit	CRN	SUBJ	CRSE #	SEC.	Time/Day
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____

Comments: **IF REGISTERED BY AN ADVISOR, INCLUDE YOUR NAME & DATE OF REGISTRATION AS ELECTRONIC SIGNATURE:** _____

By completing this registration you agree that you are responsible for tuition and other fees associated with the courses you enroll in. **The University reserves the right to establish a payment deadline, and accounts with outstanding balances may be subject to course withdrawal and/or late fees.** You understand that non-attendance does not relieve you of your charges and that you must officially withdraw from classes prior to the first day of the term or during the first week of the term in order to avoid financial liability. Refunds for short-term courses or courses starting at times other than the beginning of the term will be calculated on the prorated basis of a regular term course. You understand that unpaid charges may be subject to collection agency fees (up to 40 percent of the outstanding balance), attorney fees, credit bureau reporting, or state income tax attachment (ACT 372 of 1986 as amended), and will result in transcript and registration holds being placed on your account. You understand that by signing below you are authorizing your school, their respective agents, and contractors to contact you regarding your financial account, including payment of your debt, at the current or any future number that you provide for your cellular telephone or other wireless device using manual dialing, automated dialing equipment, or artificial or pre-recorded voice or text messages.

UAFS offers several payment plan options for Fall and Spring terms. For information about payment plans visit <http://www.uafs.edu/cashiers> or call the Cashier's Office at 479-788-7060. The Financial Aid Office and the Office of Veterans Affairs are located on the second floor of the Smith-Pendergraft Campus Center and are staffed with advisors to assist you in developing a plan to finance your college expenses. For more information go to <http://admissions.uafs.edu/financial-aid/financial-aid> or call 479-788-7090.

****** Student's Signature _____ Advisor's Signature _____

****By typing my name on the Student's Signature line above and emailing it through my UAFS email, I am electronically signing and agreeing to all the terms and specifications on the registration form.**

WAIT LIST INFORMATION

If you are on a wait list, you are responsible for checking your online schedule to see if you are registered for the course and for dropping courses you no longer want. Tuition and fees are not charged until you are actually registered in the course. When registered in a wait-listed course, review your account summary online to see your updated tuition and fee charges.

Withdrawal From Classes

To officially withdraw from a course after it has begun, students must complete a change of schedule form which may be obtained in their college's advising office. The change of schedule form requires the signature of an advisor and a financial aid advisor, if receiving any form of aid. This form must be received by the Records/Registrar's Office. Please check with the Records/Registrar's Office for withdrawal information. **Students may not withdraw from any course by telephone.**