

**INCOMPLETE FORMS WILL BE RETURNED**

**ALASKA PACIFIC UNIVERSITY**

PLEASE PRINT CLEARLY

REGISTRAR'S OFFICE  
907-564-8210 / 907-563-9640 fax

4101 UNIVERSITY DRIVE  
ANCHORAGE, AK 99508-4672

**OFF-CAMPUS APPLICATION FOR ADMISSION AND REGISTRATION FORM**

<b>(FULL LEGAL) NAME *</b>	<i>LAST</i>	<i>FIRST</i>	<i>MIDDLE</i>	☆ <i>MAIDEN/PREVIOUS NAME(S)</i>	<b>APU ID #</b>
<b>MAILING ADDRESS *</b>	<i>STREET / BOX</i>		<i>CITY</i>	<i>STATE</i>	<i>ZIP</i>
<b>EMAIL ADDRESS *</b>	<b>WORK PHONE</b>			<b>HOME PHONE</b>	
<b>PAYMENT INFORMATION *</b>	<i>CREDIT CARD OR CHECK NUMBER</i>		<i>EXPIRATION DATE</i>	<i>AMOUNT</i> <b>\$80.00</b>	<b>3-DIGIT # AFTER CARD # ON BACK OF CARD</b> <b>CVV2 # *</b>

(APU accepts Check, Money Order, Visa, MasterCard or Discover)

**Application for Admission:** **Enrollment Period:**  Fall  Spring  Summer **Credit level:**  Undergraduate (100-400)  Professional Development (500)  Graduate (600)  
**Honor Statement:** I certify that the information in this application is accurate and complete. I understand that falsifying any part of this application may result in cancellation of admission or dismissal from the University.  
**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Registration Form:**

DEPT & COURSE	SECTION NUMBER	COURSE TITLE	SEM HRS	BEG DATE	END DATE	CLASS DAYS	CLASS TIME	INSTRUCTOR	LOCATION
CE 59214	001	Yoga for Mental Health: Yoga Therapy	2	9/12/17	12/31/18			Clifford	

\*All off-campus courses are nonrefundable\* >>>>>>>> **READ ME** <<<<<<<<< \*All-off-campus courses are nonrefundable\*

**Course Withdrawals:** To withdraw and receive a W grade for an off-campus course, students must submit their request in writing to the course instructor and also to:

**Registrar's Office, Alaska Pacific University, 4101 University Drive, Anchorage, AK 99508-4672**

Requests, which are not submitted directly to the Registrar's Office, will not be accepted. All off-campus courses are nonrefundable.

**ALL INFORMATION IS REQUIRED FOR RECORD KEEPING PURPOSES!**  
 Information is required for federal and state reporting purposes and must be provided EACH time that you register. (Information is reported in statistical form only.) Incomplete forms will be returned and credit will not be granted.  
 ☆ If your name has changed from that on your previous APU/AMU records, we will need legal documentation of that change before your official records can be changed. This may be a copy of your marriage certificate, divorce decree, court orders, etc.

YES  NO Have you previously registered for course work taken at or through APU (previously AMU)?

IF YES, GIVE DATE OF LAST REGISTRATION:

SEX:  M  F BIRTH DATE:   
 month/day/year

**PREVIOUS EDUCATION** (Check Highest Level Only):  
 >>> THIS INFO REQUIRED TO GRANT CREDIT LEVEL

9 Master's Degree or higher  
 8 BA / BS, have taken graduate courses  
 7 BA / BS, have NOT taken graduate courses  
 6 Attended a 4-year college or university other than APU(AMU), NO 4-yr degree received  
 5 Associate Degree or RN Diploma  
 4 Attended a 2-year college  
 3 GED High School Diploma, have never attended a college or university  
 2 High School Diploma, have never attended a college or university  
 1 Do NOT have a High School Diploma

**ETHNIC BACKGROUND:**  
 Do you consider yourself to be Hispanic or Latino? A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race Yes  No

In addition, you may select one or more of the following to describe yourself:  
 Having origins in original peoples of:

Amer Ind/AK Native North, South & Central America w/tribal affiliation or community attachment  
 Asian Far East, SE Asia or Indian Subcontinent  
 Black/African-Amer Black racial groups of Africa  
 Native HI/Pac Islander Hawaii, Guam, Samoa, & other Pac Islander  
 White Europe, the Middle East, or North Africa