University of Alaska
Student Status Verification

MAU/Major Administrative Unit (circle one) UAA UAF UAS SW		Department
Last Name	First	M.
Employee ID		Work Phone

A COPY OF YOUR FEE PAYMENT RECEIPT MUST BE ATTACHED TO THIS FORM

Please circle the appropriate response to each of the following:

STUDENT ASSISTANT:	A	B	C	N/A (not applicable)
GRADUATE ASSISTANT:	YES	NO		
COLLEGE WORK STUDY:	YES	NO		

I affirm that I am enrolled as a student at the University of Alaska for the number of credit hours (credit hour load) specified below and that my employment at the University of Alaska is incidental to my education.

I understand that by Board of Regents' Policy and University Regulations and procedures, I must maintain a minimum of 6 credit hours and a 2.00 cumulative grade point average to be eligible for any student employment. Failure to sustain 6 credit hours will necessitate immediate termination from all student employment and possible termination based on academic performance. I also understand that while employed in a student position I cannot hold any other type of simultaneous employment with the University of Alaska.

To be considered exempt from FICA (Social Security and Medicare) tax for employment between academic semesters, I will meet IRS enrollment requirements.

I will be responsible for notifying my supervisor of any change in my enrollment status which affects my eligibility for exemption from FICA tax and/or student employment and authorize the release of credit hour and grade point information for purposes of verifying student employment eligibility.

For special circumstances or exemptions concerning the above requirements, refer to Board of Regents Policy P09.05.02.

UAOnline User ID/PIN: During the duration of your employment, your UAOnline User ID will be your Social Security Number (SSN), not your student ID. Also note that your birthdate cannot be used as your six-digit PIN. To log onto UAOnline, visit http://uaonline.alaska.edu.

Please complete:

SEMESTER (circle one): Fall Spring Summer **Year:** Session 20_____

CREDIT HOUR LOAD: _____Hours

_____ _____
Student Signature Date

_____ _____
Supervisor Signature Date

ORIGINAL: Regional Personnel COPIES: Regional Payroll, Department, Employee FormB171 (10/03)