



Application for Non-Degree Admissions

Submit with \$60 fee payable to OHSU
(Please review policy and procedures)

Social Security Number* _____ Entering _____
quarter/year

Name _____
Last First Middle Other Names Used

Legal Address _____ Phone No (____) _____

County City State Zip

E-mail address: _____

Present Mailing Address _____ Phone No. (____) _____

County City State Zip Work Phone (____) _____

Birth Date _____ Birth Place _____ Sex: Male _____ Female _____

Country of Citizenship _____ if not U.S. Citizen, Type of Visa _____ Resident Alien # _____

To comply with federal statistical reporting requirements, OHSU must ask for the following information. We encourage you to provide your ethnicity and race, but doing so is voluntary and your application will receive the same consideration whether you do or not.

What is your ethnicity? Hispanic or Latino Not Hispanic or Latino

Select one or more races to indicate what you consider yourself to be:

- | | | | | |
|---|--|--|--|---|
| American Indian or Alaska Native | Asian | Black or African American | Native Hawaiian or Other Pacific Islander | White |
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Chinese
<input type="checkbox"/> Filipino
<input type="checkbox"/> Indian
<input type="checkbox"/> Japanese
<input type="checkbox"/> Korean
<input type="checkbox"/> Vietnamese
<input type="checkbox"/> Asian, Other | <input type="checkbox"/> Black or African American | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander | <input type="checkbox"/> Eastern European
<input type="checkbox"/> Middle Eastern
<input type="checkbox"/> White, Other |

If Hispanic or Latino, choose one: Cuban South or Central American
 Mexican or Mexican American Spanish
 Puerto Rican Hispanic, Other

Education – Beginning with the most recent, list all colleges and universities attended:

Name of Institution	State	Dates	Degree	Date Granted
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

I have carefully read the questions in the foregoing application and have answered them completely, without reservation of any kind. I declare that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application I hereby agree that such act shall constitute cause for denial of admission to and/or dismissal from courses at the Oregon Health & Science University.

Applicant's Signature Date



Oregon Health & Science University Non-Degree Student Enrollment Registration Instructions

1. Submit the non-degree application and the non-refundable \$60.00 application fee to the Registrar's Office.
2. Request that an official transcript showing receipt of baccalaureate degree be sent to the Registrar's Office, L 109, Oregon Health & Science University, 3181 SW Sam Jackson Park Rd., Portland, Oregon 97239.
3. Obtain a registration form from the Registrar's Office.
4. As a non-degree student you must get approval to enroll in a course by obtaining the instructor's signature on the registration form.
5. Submit the signed registration form to the Registrar's Office. Registration and payment of tuition and fees must be completed before the close of the first week of the academic quarter. Early registration (beginning one month prior to the first day of the term) is recommended.
6. A non-degree student can enroll in no more than six credit hours in any one term. Students that wish to enroll for more than six hours, must get prior approval. There is no commitment that course work taken on a non-degree basis will apply toward a graduate degree.
7. Once registered, non-degree students are academically and financially responsible for their course enrollments. If a non-degree student withdraws after the term begins, a financial liability may result (please see refund policy).
8. All non-degree will be charged the same tuition and fees that degree/certificate students are charged, according to the OHSU Academic Year Tuition and Fee Book. The Major Medical Fee can be waived with proof of insurance. For more information, please see the OHSU Feebook and the following website. <http://www.ohsu.edu/xd/education/student-services/joseph-trainer-health-wellness-center>

***Social Security Number Disclosure and Consent Statement**

You are requested to provide voluntarily your Social Security number to assist OHSU (and organizations conducting studies for or on behalf of OHSU) in developing, validating, or administering predictive tests; administering student aid programs; improving instruction; internal identification of students; collection of student debts; or comparing student educational experiences with subsequent workforce experiences. OHSU will disclose your Social Security number only if the studies are conducted in a manner that does not permit personal identification of you by individuals other than representatives of OHSU (or the organization conducting the study for OHSU) and only if the information is destroyed when no longer needed for the purposes for which the study was conducted. By providing your Social Security number, you are consenting to the uses identified above. This request is made pursuant to ORS 353.050 and chap.162, Or.Laws, 1995. Provision of your Social Security number and consent to its use is not required, and if you choose not to do so, you will not be denied any right, benefit or privilege provided by law. You may revoke your consent for the use of your Social Security number at any time by writing to: Oregon Health & Science University, Registrar's Office, L109A, 3181 S.W. Sam Jackson Park Road, Portland, OR 97239-3098