

Evoke Therapy Programs ED 402 CRN 27628 Registration form must accompany Application. Tuition & fees will be billed.

OSU-Cascades Non-Admit (non-degree) Application

As a non-admit you may take 8 or fewer credits per term and you are not eligible for financial aid. A \$35 Graduate / \$30 Undergraduate non-refundable fee is required. Completely fill out front and back page including your signature. If you are seeking a degree, please refer to the OSU-Cascades Application for Admission to the University.

1. Term Applying for: [ ] Summer X Fall [ ] Winter [ ] Spring Year 2017 \_\_\_\_\_

2. Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Please refer to the Social Security Number Disclosure and Consent Statement available online at www.osucascades.edu and in the Registration Information Handbook.

3. Legal Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

If an international student, please write your name as it appears on your passport.

4. Other Name(s): that may appear on your academic records:

Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

5. Current Mailing Address:

P O Box or Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County or Province \_\_\_\_\_ Nation/Country \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

E-mail Address \_\_\_\_\_

6. Gender: [ ] Male [ ] Female 7. Date of Birth: \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

8. Place of Birth: City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip \_\_\_\_\_

9. Citizenship Status: (please check only one)

[ ] U.S. Citizen [ ] Permanent Resident - A - \_\_\_\_\_ Date Issued (mo/day/yr) \_\_\_\_\_ Resident number\*

[ ] Non-immigrant Alien - country of citizenship \_\_\_\_\_ Type of visa currently hold \_\_\_\_\_ \*Attach a photocopy of both sides of your Resident Alien card

10. Contact Information - In case of emergency, the University may contact:

Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

P O Box or Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

11. Ethnic Identity (optional):

Please indicate your ethnic identity by checking one of the following and specifying an ethnic group. (Note: In compliance with federal reporting requirements, OSU must seek to identify the ethnic background of applicants for admission. You are encouraged to supply this information, but may decline without in any way prejudicing your application.)

- [ ] W White, European American, Non-Hispanic [ ] B Black, African American, Non-Hispanic
[ ] A Asian American [ ] M Middle Eastern
[ ] P Pacific Islander [ ] N North African
[ ] H Hispanic American [ ] I American Indian, Alaskan Native
[ ] O If none of the above is appropriate for you, please write in the ethnic/racial identification you use: [ ] D Decline to Respond

12. **Tuition Classification:** Are you eligible for tuition classification as an Oregon resident?  Yes  No

If yes, completion of all questions in this section is required.  
 Failure to do so may result in your classification as a non-resident.  
 If you are under the age of 24, you must also complete the parent/guardian section. Additional information may be required.

(If under 24 yrs old)

- Mother
- Father
- Guardian

	<b>Your Information</b>	
Date of most continuous presence in Oregon (mo/yr)	from / to /	from / to /
Original issue date of Oregon Driver's License (mo/yr)	/ /	/ /
Date of Oregon Voter Registration (mo/yr)	/ /	/ /
Date of military service if applicable (mo/yr)	from / to /	from / to /
Did you enter military service from Oregon?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
List the last two years Oregon income taxes have been filed.	_____	_____
Date of Employment in Oregon (mo/yr)		
Parent's Employer _____		from / to /
Location: City _____ State _____		
Student Employer _____	from / to /	
Location: City _____ State _____		

**13. Applicants with Disabilities**

If you have a physical or learning disability and need reasonable accommodation or information about services available, please contact Enrollment Services, OSU-Cascades Campus, 2600 NW College Way, Bend, OR 97701-5998; Voice 541-322-3100, TTY 541-383-7508.

**14. Releases**

14A. Release Authorizations

This section does not apply to non-admit students.

14B. Release Notification

I understand and agree that OSU-Cascades Campus and its partner institutions will share/release information (financial and educational) between the institutions consistent with federal and state laws, on applied and admitted students. I understand that electronic data transmission may be done through the Oregon Student Access Commission.

14C. Financial Aid Information

This section does not apply to non-admit students

**15. Student Conduct**

Students enrolled at OSU-Cascades Campus will be held accountable to the conduct requirements and procedures of OSU and its partner institutions.

**16. Certification**

IMPORTANT: Your signature is required below. Your application is not complete and will not be processed without your signature.

I certify that I have provided complete and accurate responses to the items on this application. The documents I have provided are unaltered copies of the original documents. Further, I understand that admission or enrollment may be denied if any information is found to be incomplete or inaccurate. I authorize release of any information submitted by me in connection with this application to any person, firm, corporation, association, or government agency, but only to verify or explain information.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Mail to:  
 OSU-Cascades  
 1500 SW Chandler Ave  
 Bend, OR 97702  
 Call (541) 322-3100 if you have questions