

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 \$30 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. Call (541)-322-3100 if you have questions.

1. Term Applying for: Summer Fall Winter Spring Year 2015_____

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

	Your Information	
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 Assistance 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
 2600 NW College Way
 Bend, OR 97701

Email: cascadesadmit@osucascades.edu
 Fax: 541.383.7501