

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