



## Undergraduate Non-Matriculated Student Information

Note: Courses earned by students in the non-matriculated status may not be applicable toward the requirements for a bachelor's degree. Successful completion thereof does not guarantee a student's acceptance into a degree program.

(Please type or print)

Date: \_\_\_\_\_ Soc. Sec. #: \_\_\_\_\_ Student I.D. # (if known): \_\_\_\_\_

Semester you wish to enter:  Fall  Spring  Summer Session Year 20 \_\_\_\_\_

Status:  New student  Returning student (Last semester and year attended: \_\_\_\_\_ )

Name: \_\_\_\_\_

LAST NAME MAIDEN NAME FIRST NAME MIDDLE NAME

Miss  Ms.  Mr.  Mrs.

Permanent address: \_\_\_\_\_

NUMBER STREET

CITY STATE ZIP Telephone: \_\_\_\_\_ (AREA CODE)

Local address: \_\_\_\_\_

NUMBER STREET

CITY STATE ZIP Telephone: \_\_\_\_\_ (AREA CODE)

Date of birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_

MONTH DAY YEAR STATE OR COUNTRY

Country of present citizenship: \_\_\_\_\_

Gender:  Male  Female **Veteran**  Yes  No

Resident of Oregon?  Yes  No Length of residence in Oregon: \_\_\_\_\_

### Ethnic origin:

(a)  American Indian/Alaskan Native (b)  Black, Non-Hispanic (c)  White, Non-Hispanic  
(d)  Hispanic (f)  Asian/Pacific Islander (g)  Other/Unknown/Prefer no response

High school from which you have graduated or will graduate:

NAME CITY STATE DATE OF GRADUATION

Previous colleges attended (if any):

NAME OF INSTITUTION CITY STATE/COUNTRY DATES OF ATTENDANCE DEGREE

NAME OF INSTITUTION CITY STATE/COUNTRY DATES OF ATTENDANCE DEGREE

Department/College/School in which you wish to take courses: \_\_\_\_\_

I certify that to the best of my knowledge, all statements I have made herein are complete and correct.

SIGNATURE

DATE