

Select your term of enrollment at SOU:  Fall  Winter  Spring  Summer Year: \_\_\_\_\_

Select the program you are participating in :

- Outreach & Engagement (formerly Division of Continuing Education): 541-552-6150 or -6899, dce@sou.edu
- School of Education: 541-552-6332
- Other: \_\_\_\_\_

## 1. Personal Information

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

SOU ID #: \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Gender Identity\* (optional): \_\_\_\_\_ Sexual Orientation\* (optional): \_\_\_\_\_  
\*State law requires that students be provided the opportunity to disclose gender identity and sexual orientation information.

Ethnicity (optional):  Not Hispanic or Latino  Hispanic or Latino

Citizenship:  U.S. Citizen  Other Country If other, please list country \_\_\_\_\_

## 2. Contact Information

PO Box/Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## 3. Enrollment Status

Do you have a standard (unmodified) diploma or GED?  Yes  No If yes, what year? \_\_\_\_\_

Do you have a degree from a regionally credited institution?  Yes  No

If yes, degree received \_\_\_\_\_ Institution name: \_\_\_\_\_

Have you ever been admitted to SOU?  Yes  No If yes, when? \_\_\_\_\_

Have you ever attended SOU?  Yes  No If yes, when? \_\_\_\_\_ If applicable, major at SOU: \_\_\_\_\_

## 4. Residency Information

Are you an Oregon resident?  Yes  No If yes, please list:

Dates of most recent continuous presence in Oregon (format: MM/YYYY) From \_\_\_\_\_ to \_\_\_\_\_

Date current Oregon driver's license was issued (format: MM/YYYY): \_\_\_\_\_

## 5. Registration Information

CRN	Subject & Course # or Title	Credits	Grade or P/NP?	Instructor (Print)	Instructor Signature (if required)
<i>Example 5555</i>	<i>BA 101 or Business Ethics</i>	<i>4</i>	<i>G</i>	<i>Jane Smith</i>	<i>Jane Smith</i>

## 6. Payment (if applicable)

Cash  Check/# \_\_\_\_\_  Credit Card/# \_\_\_\_\_ Exp Date \_\_\_\_\_

Name on Credit Card: \_\_\_\_\_ TOTAL AMOUNT ENCLOSED: \$ \_\_\_\_\_

## Certification

I certify that I have answered all questions on this application to the best of my ability and that all statements are complete and true. I also certify that I have read and understand the criteria for non-admitted student status as indicated in the SOU catalog.

Signature \_\_\_\_\_

Date \_\_\_\_\_