

**SPECIAL STUDENT – FIRST TERM
 REGISTRATION APPLICATION**

Personal

Please type or print in ink

Name last first middle former names

Permanent home address city state zip

Mailing address (if different from above) city state zip

Home phone Cell phone E-mail

Sex M F Social Security number - - Birthdate
 Month Day Year

If not a citizen of the U.S., are you a Permanent Resident? Yes No Visa type _____

Applying for term: Summer 20____ Fall 20____ Spring 20____
 Anticipated completion date: Summer 20____ Fall 20____ Spring 20____

Have you previously applied for admission to a Lewis & Clark graduate program? Yes No
 If yes, which program? _____

List any professional licenses you hold. _____

Would you like to receive any program materials? No Yes Which program? _____

Have you met with an advisor? No Yes If so, with whom? _____

The following questions are optional. This information helps us in our affirmative action efforts.
 How would you describe your race? Are you Hispanic/Latino? Yes No
 Note: Regardless of your answer above, please check all that apply:
 White Black or African-American American Indian/Alaska Native Asian
 Native Hawaiian or other Pacific Islander Other Decline to Report

Synonym	Dept.	Course #	Sec. #	CR Hrs	Course Title	Dept. Initials

I understand that this application for Special Student Status is **NOT** an application for a Lewis & Clark Graduate School degree or license program and this status does not guarantee admission to a Lewis & Clark program.
 To the best of my knowledge, the information in this application is complete and accurate.

Applicant's signature _____ Date _____