

# Fill Out Completely!

## REGISTRATION FORM

UNIVERSITY OF OREGON  
CONTINUATION CENTER

OFFICE USE ONLY

### STUDENT INFORMATION

Social Security number information is optional. See disclosure and consent statement below.

-   -      
 U.S. Social Security No. or Student I.D.

Year / Term of Registration

Are you currently enrolled at the University of Oregon?  Yes  No  
 If NO, have you previously attended the University of Oregon?  Yes  No

If yes, last year and term of enrollment: \_\_\_\_\_ / \_\_\_\_\_  
 Year Term

Highest college degree received:  
 No Degree  Masters  Bachelors  Doctoral

Institution where degree awarded \_\_\_\_\_  
 Date degree awarded \_\_\_\_\_

Last Name First Middle

Mailing Address

City State Zip Code Foreign Country  
 ( ) ( )  
 Area Code Day Phone Ext.

Gender:  Male  Female Date of Birth:     
 Month Day Year

Ethnic background -- please check below. (Optional; for statistical purposes only.)  
 Black Non-Hispanic  American Indian or Native Alaskan  Asian or Pacific Islander  Hispanic  White Non-Hispanic  Decline to Respond  
 Are you a U.S. Citizen?  Yes  No If no, are you a resident alien?  Yes  No

### ENROLLMENT INFORMATION

Add	Drop	Change	CRN	Dept.	Course Number	Graded, P/NP, Audit	No. of Credits	Course Title	(Office Use Only, Tuition/Fees)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		B1	410		4	Field Studies - Ecological Restoration	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							

### SOCIAL SECURITY NUMBER DISCLOSURE AND CONSENT STATEMENT

You are requested to provide voluntarily your Social Security Number to assist OSSHE (and organizations conducting studies for or on behalf of OSSHE) in developing, validating, or administering predictive tests and assessments; administering student aid programs; improving instruction; internal identification of students; collection of student debts; or comparing student educational experiences with subsequent workforce experiences. When conducting studies, OSSHE will disclose your Social Security Number only in a manner that does not permit personal identification of you by individuals other than representatives of OSSHE for the organization conducting the study for OSSHE and only if the information is destroyed when no longer needed for purposes for which the study was conducted. By providing your Social Security Number, you are consenting to the uses identified above. This request is made pursuant to ORS 351.070 and 351.085. Provision of your Social Security Number and consent to its use is not required and if you choose not to do so you will not be denied any right, benefit, or privilege provided by law. You may revoke your consent for the use of your Social Security Number at any time by writing to: Office of the Registrar, 5257 University of Oregon, Eugene, OR 97403-5257.

**IMPORTANT:** Your signature is required even if you choose not to provide your social security number. Without your signature your course registration will not be processed.

I certify that I have considered each question carefully and that my statements are true and complete to the best of my knowledge. Further, I understand that enrollment at University of Oregon may be denied if any information is found to be incomplete or inaccurate.

\_\_\_\_\_  
 Signature (in ink) Date

(OFFICE USE ONLY)

### RE-ENROLLMENT ACTION

DEPARTMENT:  Approved  Denied

Department/School Major Student Type  
 Signature Date

STUDENT NAME: M.I. First Last

TOTAL CREDIT HOURS \_\_\_\_\_  
 FEE AMOUNT \_\_\_\_\_  
 DATE \_\_\_\_\_  
 PREPARED BY \_\_\_\_\_  
 LTE: \_\_\_\_\_  
 LTE Class: \_\_\_\_\_  
 New Class: \_\_\_\_\_  
 Created as: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Initials: \_\_\_\_\_