OREGON HEALTH & SCIENCE UNIVERSITY - REGISTRATION FORM

Office of the Registrar
3181 SW Sam Jackson Park Road
Portland, Oregon 97201
(503) 494-7800 / (800) 775-5460
FAX (503) 494-4629

____ ____ ____ - ____ ____ - ____ ____ ____ ____
Social Security Number

Term and Year

NAME_____
LAST FIRST MI

_____
OHSU E-Mail Address

_____ (_____)
LOCAL ADDRESS CITY STATE/ZIP CODE PHONE

NEW NAME: Yes_____ No_____ IF NEW NAME LIST FORMER NAME:_____ NEW ADDRESS: Yes_____ No

FIELD OF STUDY (Circle one): Undergraduate Nursing RN/BS Graduate Nursing PMCO Graduate Medicine **Non-Degree: New_____ Returning _____**

Campus (Nursing only): Portland EOU EOU/RFD OIT SOU RN/BS Statewide Prgm Other_____

CRSE REF # (CRN)	COURSE PREFIX	COURSE NO.	COURSE TITLE	CREDIT HOURS	INSTRUCTOR NAME/SIGNATURE
_____	_____	_____	_____	___.___	_____
_____	_____	_____	_____	___.___	_____
_____	_____	_____	_____	___.___	_____
_____	_____	_____	_____	___.___	_____
_____	_____	_____	_____	___.___	_____
_____	_____	_____	_____	___.___	_____

_____ TOTAL CREDIT HOURS ___.___ _____
STUDENT SIGNATURE ADVISOR SIGNATURE (if applicable)

ONCE REGISTERED, STUDENTS ARE ACADEMICALLY AND FINANCIALLY RESPONSIBLE FOR THEIR COURSE ENROLLMENTS UNTIL THEY OFFICIALLY WITHDRAW. WITHDRAWAL AFTER THE TERM BEGINS RESULTS IN SOME FINANCIAL LIABILITY.