



**Department of Biomedical Engineering/
Institute of Environmental Health/ Division of Management
Non-Degree Application/Registration Form**

West Campus Registrar/Financial Aid Office, 20000 NW Walker Road, Beaverton, OR 97006
Phone 503-748-1382 / Fax 503-748-7056

Please return completed form by fax, mail or in person.

Social Security Number: _____ Entering Quarter and Year: _____

Have you taken classes at OGI or OHSU in the past? Yes / No

Name: (First, MI, Last) _____

Mailing Address: (Street, City, State, Zip) _____

Phone: (home) _____ (business) _____ Email: _____

Employer: _____

Permanent Address (if different from above): _____

Are you a US Citizen ; Permanent Resident ; or Non-US Citizen ; Citizenship: _____ Visa Type: _____

Are you an Oregon Resident? (residing in Oregon for the last 12 months for purposes other than school) Yes / No

Gender: Male / Female Date of Birth: month ____ day ____ year ____

To help the university comply with a commitment to the U.S. Department of Health, Education and Welfare, you are urged to identify your ethnic background and gender. You may decline to do so without prejudicing the action taken on your application.

Ethnicity: Non-Hispanic Black Non-Hispanic White Asian or Pacific Islander Hispanic
 American Indian or Alaskan Native

Please indicate your primary area of academic interest:

Biochemistry & Molecular Biology; Biomedical Engineering; Computer Science & Engineering;
 Electrical Engineering; Environmental Science & Engineering; Healthcare Management

For your convenience you may register for classes below or once your student account is established you may register online. All students, except for Division of Management students, are required to pay the Major Medical Health Insurance & Health Service Fees. The Major Medical Health Insurance can be waived with proof of insurance; the Health Service Fee cannot be waived. For more information please see the [OHSU Fee Book](#) and [Student Health Service](#).

CRN	Course #	Title of Course	Instructor	Credit/Audit	# of Credits

Student Signature _____

Date _____