



Application for Non-Degree Admissions

Submit with \$60 fee payable to OHSU
(Please review policy and procedures)

Social Security Number* _____ Entering term: _____
(Please provide at least the last 4 digits of the SSN to prevent duplicate records) _____ quarter/year

Name _____
Last First Middle Other Names Used

Present Mailing Address _____ Phone No. () _____

County City State Zip Work Phone () _____

E-mail address: _____

Birth Date _____ Birth Place _____ Sex: Male _____ Female _____

Country of Citizenship _____ if not U.S. Citizen, Type of Visa _____ Resident Alien # _____

To comply with federal statistical reporting requirements, OHSU must ask for the following information. We encourage you to provide your ethnicity and race, but doing so is voluntary and your application will receive the same consideration whether you do or not.

- What is your ethnicity? Hispanic or Latino Not Hispanic or Latino
- If Hispanic or Latino, choose one: Cuban South or Central American
 Mexican or Mexican American Spanish
 Puerto Rican Hispanic, Other

Select one or more races to indicate what you consider yourself to be:

- | | | | | |
|---|--|--|--|---|
| American Indian or Alaska Native | Asian | Black or African American | Native Hawaiian or Other Pacific Islander | White |
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Chinese
<input type="checkbox"/> Filipino
<input type="checkbox"/> Indian
<input type="checkbox"/> Japanese
<input type="checkbox"/> Korean
<input type="checkbox"/> Vietnamese
<input type="checkbox"/> Asian, Other | <input type="checkbox"/> Black or African American | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander | <input type="checkbox"/> Eastern European
<input type="checkbox"/> Middle Eastern
<input type="checkbox"/> White, Other |

Education – Beginning with the most recent, list all colleges and universities attended:

Name of Institution	State	Dates	Degree	Date Granted

I have carefully read the questions in the foregoing application and have answered them completely, without reservation of any kind. I understand that I am responsible for completing a background check and purchasing a student ID badge if I am going to be on-campus. I declare that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application I hereby agree that such act shall constitute cause for denial of admission to and/or dismissal from courses at OHSU.

Applicant's Signature Date

CRN:	Subj/#	Course Description	CR	Instructor signature



Oregon Health & Science University Non-Degree Student Enrollment Registration Instructions

1. Submit the non-degree application and the non-refundable \$60.00 application fee to the Registrar's Office.
2. Request that an official transcript showing receipt of baccalaureate degree be sent to the Registrar's Office, L 109, Oregon Health & Science University, 3181 SW Sam Jackson Park Rd., Portland, Oregon 97239.
3. Registration and payment of tuition and fees must be completed before the close of the first week of the academic quarter. Early registration (beginning six weeks prior to the first day of the term) is recommended.
4. A non-degree student can enroll in no more than six credit hours in any one term. Students that wish to enroll for more than six hours, must get prior approval. There is no commitment that course work taken on a non-degree basis will apply toward a graduate degree.
5. Once registered, non-degree students are academically and financially responsible for their course enrollments. If a non-degree student withdraws after the term begins, a financial liability may result (please see refund policy).
6. Once registered, **complete and pay for a background check:**
 - i. Fill out and submit the OHSU Background check Request Form, <https://advrep.com/ohsu/>. When asked for "Your Company/Institution" please enter non-matriculating student. When asked for "OHSU Department", please enter the school or program in which the class resides. Your "OHSU Contact" is Jarrell Townsend. Request not correctly completed may be declined and not processed.
 - ii. Respond to the e-mail from Advanced Reporting, providing necessary information, authorizing and paying for the background check.
 - iii. A credit card is required at the time you complete your background check questionnaire to pay for your background check. Your credit card will be pre-authorized for \$50.00. The base price for a background check is \$35.00, however, your background check may cost more if there are fees incurred to perform the criminal searches indicated. Please contact Advanced Reporting for an estimate in advance if you have lived outside the Oregon/Washington area in the past 7 years ohsubackgrounds@advrep.com
7. All non-degree students will be charged tuition and fees according to the OHSU Academic Year Tuition and Fee Book. The medical and dental insurance can be waived with proof of insurance. For more information, please see the OHSU Feebook and the following website.
<http://www.ohsu.edu/xd/education/student-services/joseph-trainer-health-wellness-center>

***Social Security Number Disclosure and Consent Statement**

You are requested to provide voluntarily your Social Security number to assist OHSU (and organizations conducting studies for or on behalf of OHSU) in developing, validating, or administering predictive tests; administering student aid programs; improving instruction; internal identification of students; collection of student debts; or comparing student educational experiences with subsequent workforce experiences. OHSU will disclose your Social Security number only if the studies are conducted in a manner that does not permit personal identification of you by individuals other than representatives of OHSU (or the organization conducting the study for OHSU) and only if the information is destroyed when no longer needed for the 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 353.050 and chap.162, Or.Laws, 1995. 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: Oregon Health & Science University, Registrar's Office, L109A, 3181 S.W. Sam Jackson Park Road, Portland, OR 97239-3098