



**REGISTRATION FORM**

Office of the Registrar  
3181 SW Sam Jackson Park Road  
Mail Code: L109  
Portland, Oregon 97239  
(503) 494-7800 / (800) 775-5460  
FAX (503) 494-4629

SSN or Student ID : \_\_\_\_\_ Term/Year: \_\_\_\_\_ Phone No: \_\_\_\_\_

Name \_\_\_\_\_ New Name?  No  Yes \_\_\_\_\_  
Last First MI Former Name

Current Mailing Address: \_\_\_\_\_ E-mail address: \_\_\_\_\_

\_\_\_\_\_ New Address?  No  Yes  
County City State Zip

**FIELD OF STUDY** (Check one):  Undergraduate Nursing  RN/BS  Graduate Nursing  PMCO  Graduate Medicine

**CAMPUS (NURSING ONLY):**  Portland  EOU  OIT  SOU  WOU  RN/BS Statewide Program  Other \_\_\_\_\_

**NON-DEGREE:**  New  Returning

CRSE REF # (CRN)	COURSE PREFIX	COURSE NUMBER	COURSE TITLE	CREDIT HOURS	INSTRUCTOR NAME/SIGNATURE
<b>Total Credit Hours</b>					

STUDENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

ADVISOR SIGNATURE (if applicable) \_\_\_\_\_

**Important Notice:** Once registered, students are academically and financially responsible for their course enrollments until they officially withdraw. Withdrawing from courses after the term begins results in some financial liability.