Lewis & Clark College
Graduate School of Education and Counseling

Office of the Registrar
0615 S.W. Palatine Hill Road, MSC 90
Portland, Oregon 97219-7899
Phone 503-768-6030
Fax 503-768-6035
E-mail gradreg@lclark.edu
graduate.lclark.edu

SPECIAL STUDENT – FIRST TERM REGISTRATION FORM

Personal ***Please type or print in ink***

Name last _____ first _____ middle _____ former names _____

Permanent home address _____ city _____ state _____ zip _____

Mailing address (if different from above) _____ city _____ state _____ zip _____

Home phone _____ Cell phone _____ E-mail _____

Sex M F Social Security number -- ___ ___ Birthdate
Month Day Year

If not a citizen of the U.S., are you a Permanent Resident? Yes No Visa type_____

Applying for term: Summer 200_____ Fall 200_____ Spring 200_____
Anticipated completion date: Summer 200_____ Fall 200_____ Spring 200_____

Have you previously applied for admission to a Lewis & Clark graduate program? Yes No
If yes, which program?_____

List any professional licenses you hold._____

_____

Would you like to receive any program materials? No Yes Which program? _____

Have you met with an advisor? No Yes If so, with whom? _____

The following questions are optional. This information helps us in our affirmative action efforts.
How would you describe your race/ethnicity? *Please check all that apply.*

White Black or African-American American Indian/Alaska Native Asian or Pacific Islander
Hispanic (Mexican American/Puerto Rican) Other Decline to Report

Synonym	Dept.	Course #	Sec. #	CR Hrs	Course Title	Dept. Initials

To the best of my knowledge, the information in this application is complete and accurate.

Applicant's signature _____ Date _____