Lewis & Clark College Graduate School of Education and Counseling

Applicant's signature

Office of the Registrar

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SPECIAL STUDENT – FIRST TERM REGISTRATION APPLICATION

Personal				Please type or	print in ink
Name last	first		mid	dle 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 Birthdate Day Year					
If not a citizen of the U.S., are you a Permanent Resident? \Box Yes \Box No Visa type					
Applying for term: \square Summer 20 \square Fall 20 \square Spring 20 Anticipated completion date: \square Summer 20 \square Fall 20 \square Spring 20					
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?					
The following questions are optional. This information helps us in our affirmative action efforts. How would you describe your race? Are you Hispanic/Latino? Yes No					
Note: Regardless of your answer above, please check all that apply: White Black or African-American American Indian/Alaska Native Asian Native Hawaiian or other Pacific Islander Other Decline to Report					
Synonym Dept. Course	# Sec. # CR	R Hrs C	Course Title		Dept. Initials
I understand that this application degree or license program and to the best of my knowledge, to	this status does not	guarante	ee admission to a Lewi	is & Clark program.	Graduate School

Date