Lewis & Clark
Graduate School of Education and Counseling

Office of the Registrar
0615 S.W. Palatine Hill Road, MSC 90
Portland, Oregon 97219-7899
p. 503-768-6030   *f.* 503-768-6035   *e.* gradreg@lclark.edu

Special Student — First Term Registration Form

Personal Information

_____
Last Name   First   Middle

_____
Permanent Home Address   City   State   Zip

_____
Mailing Address *(if different from above)*   City   State   Zip

_____
Home Phone   Cell Phone   Email Address

_____
Sex   Social Security No.   Birthdate *(DD/MM/YYYY)*

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

Applying for term: Summer 20_____   Fall 20_____   Spring 20_____   Anticipated completion date: Summer 20_____   Fall 20_____   Spring 20_____

Have you previously applied to 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   If yes, which program?_____

Have you met with an advisor?   No   Yes   If yes, 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

Course Information

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

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

_____
Applicant Signature   Date