



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? _____										
<p>The following questions are optional. This information helps us in our affirmative action efforts.</p> <p>How would you describe your race/ethnicity? <i>Please check all that apply.</i></p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> White</td> <td><input type="checkbox"/> Black or African-American</td> <td><input type="checkbox"/> American Indian/Alaska Native</td> <td><input type="checkbox"/> Asian or Pacific Islander</td> </tr> <tr> <td><input type="checkbox"/> Hispanic (Mexican American/Puerto Rican)</td> <td><input type="checkbox"/> Other</td> <td><input type="checkbox"/> Decline to Report</td> <td></td> </tr> </table>			<input type="checkbox"/> White	<input type="checkbox"/> Black or African-American	<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Asian or Pacific Islander	<input type="checkbox"/> Hispanic (Mexican American/Puerto Rican)	<input type="checkbox"/> Other	<input type="checkbox"/> Decline to Report	
<input type="checkbox"/> White	<input type="checkbox"/> Black or African-American	<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Asian or Pacific Islander							
<input type="checkbox"/> Hispanic (Mexican American/Puerto Rican)	<input type="checkbox"/> Other	<input type="checkbox"/> 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 _____