

# SOUTHERN OREGON UNIVERSITY

## Non-Admitted Student Application

**\*\*This form must be completed entirely and submitted to the Enrollment Services Center no later than the first day of the term you are applying.**

1. Select the term you plan to enroll at SOU:  Fall  Winter  Spring  Summer Year \_\_\_\_\_

Name \_\_\_\_\_  
Last Name First Name Middle Name

Date of Birth \_\_\_\_\_ Gender  Male  Female  
MM/DD/YYYY

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (Please read the Social Security Disclosure Statement below.)

Citizenship  U.S. Citizen  Other Country If Other, please list country \_\_\_\_\_

Ethnicity (optional) \_\_\_\_\_

### 2. Contact Information

Address \_\_\_\_\_  
PO Box/Street Address City State Zip

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

### 3. Enrollment Status

Have you ever been admitted to SOU?  Yes  No If Yes, when? \_\_\_\_\_

Have you ever attended SOU?  Yes  No If Yes, when? \_\_\_\_\_

Do you have a bachelor's degree?  Yes  No If Yes, from where? \_\_\_\_\_

### 4. Residency Information

In what state do you reside?  Oregon  Other If Other, please list state: \_\_\_\_\_

How long have you lived in that state? \_\_\_\_\_  
Years Months

**CERTIFICATION:** I certify that I have answered all questions on this application and all statements are complete and true. I have also read and agree to the Social Security Number Disclosure Statement below.

PLEASE SIGN HERE \_\_\_\_\_ DATE \_\_\_\_\_

### Oregon University System (OUS) Social Security Number Disclosure and Consent Statement

You are requested to provide voluntarily your social security number to assist the Oregon University System (OUS) in developing, validating, or administering predictive tests and assessments, administering student aid programs, improving instruction; internal identification of students; collection of student debts, or comparing student educational experiences with subsequent workforce experiences. When conducting studies, OUS will disclose your social security number only in a manner that does not permit personal identification of you by individuals other than representatives of OUS (or the organization conducting the study for OUS) and only if the information is destroyed when no longer needed for purposes for which the study was conducted. By providing your social security number, you are consenting to the uses identified above. This request is made pursuant to ORS 351.070 and 351.085. Provision of your social security number and consent to its use is not required and if you choose not to do so, you will not be denied any right, benefit, privilege provided by law. You may revoke your consent for the use of your social security number at any time by writing to: Enrollment Services Center, Southern Oregon University, 1250 Siskiyou Blvd, Ashland, OR 97520.

### Enrollment Services Center

1250 Siskiyou Blvd.  
Ashland, OR 97520  
Tel. 541-552-6600  
Fax 541-552-6614  
esc@sou.edu