

**Southern Oregon University  
Division of Continuing Education  
Community Application and Registration Form**

<b>1. Select the term you plan to enroll at SOU:</b> <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer <b>Year:</b> _____					
<b>Name:</b> _____ <div style="display: flex; justify-content: space-between; font-size: small;"> <span>Last Name</span> <span>First Name</span> <span>Middle Name</span> </div>					
<b>Date of Birth:</b> _____ <small>MM/DD/YYYY</small>		<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <b>Social Security #:</b> _____ - _____ - _____ <small>(Please read the Social Security Disclosure Statement below.)</small>			
<b>Citizenship:</b> <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Other Country <b>If Other, please list country:</b> _____					
<b>Ethnicity (optional):</b> _____					
<b>2. Contact Information</b>					
<b>Address:</b> _____ <div style="display: flex; justify-content: space-between; font-size: small;"> <span>PO Box/Street Address</span> <span>City</span> <span>State</span> <span>Zip</span> </div>					
<b>Phone:</b> _____		<b>E-mail:</b> _____			
<b>3. Have you ever been admitted to SOU?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If Yes, when?</b> _____ <b>Have you ever attended SOU?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If Yes, when?</b> _____ <b>Do you have a baccalaureate degree?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If Yes, from where?</b> _____					
<b>4. Residency Information</b>					
<b>In what state do you reside:</b> <input type="checkbox"/> Oregon <input type="checkbox"/> Other <b>If Other, please list state:</b> _____ <b>How long have you lived in that state?</b> _____ <div style="display: flex; justify-content: space-around; font-size: small;"> <span>Years</span> <span>Months</span> </div>					
<b>5. Course Registration</b>					
CRN	Course Title	Credits	Time	Days	Option (Grade or Pass/No Pass)
_____	_____	_____	_____	_____	_____
<small>Refund Policy: You may receive a 100% refund by notifying the Division of Continuing Education in writing that you want to cancel your registration. We must receive this cancellation request no later than 5pm on the last working day before the class begins . No refund will be made for later cancellations.</small>					

**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:** \_\_\_\_\_

**Return this form with payment to:**    **If paying by credit card, you may fax your registration to: 541-552-6047**

**SOU Continuing Education  
1250 Siskiyou Blvd.  
Ashland OR 97520**

Card No.: \_\_\_\_\_  
 Exp Date: \_\_\_\_\_  
 Name on card: \_\_\_\_\_  
 Street Address: \_\_\_\_\_

**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.