

Non-Admitted Student Application

Southern Oregon University

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. 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 baccalaureate 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

5. Course Registration

CRN	Course Title	Credits	Time	Days	Option (Grade or Pass/No Pass)
1513	Jefferson State Choral Coalition	1	7:30pm	W	Circle One: Grade or Pass/No Pass

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 to Vicki Purslow, Associate Dean, College of Arts and Sciences, CS 213, 1250 Siskiyou Blvd., Ashland OR 97520.

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 testes 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