

PORTLAND STATE UNIVERSITY CONTINUING EDUCATION REGISTRATION FORM

PSU ID# (if previously attended PSU)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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PAYMENT IS REQUIRED TO REGISTER

TELEPHONE OR FAX

In Portland: 503-725-9968
 Tollfree: 1-800-547-8887 ext 59968
 Fax: 503-725-4737

MAIL PAYMENT TO:

PSU/Continuing Education
 PO Box 1629
 Portland, OR 97207-1629

OR DELIVER PAYMENT TO:

615 SW Harrison
 Suite 204
 Portland, OR

PLEASE PRINT

DATE _____

Date of Birth (REQUIRED):
 Month Day Year

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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LAST NAME NEW? FIRST MIDDLE PREVIOUS NAMES
 (If previous records are under a different name, please include other name.)

HOME ADDRESS NEW?

CITY STATE ZIP DAY PHONE EVENING PHONE

PREFERRED EMAIL EMAIL FAX

Non-admitted students may take up to 8 credits in each of fall, winter, and spring terms; and up to 21 in summer. Admitted graduate students are limited to a maximum of 16 credits in each of all four terms, unless otherwise approved. All University policies apply. Please call 503-725-3511 for PSU admission/re-enrollment information.

Re-enrollment: Students admitted to PSU who have not been enrolled for three consecutive terms (excluding summer) must complete a re-enrollment application form and submit it to the Office of Admissions and Records. Official transcripts must be submitted from each institution attended since leaving PSU.

PLEASE RESPOND TO THE FOLLOWING (OPTIONAL)

<input type="checkbox"/> Female	Do you have a bachelor's degree?	<input type="checkbox"/> U.S. citizen	A <input type="checkbox"/> Asian
<input type="checkbox"/> Male	<input type="checkbox"/> Yes	<input type="checkbox"/> Permanent U.S. resident	H <input type="checkbox"/> Hispanic
	<input type="checkbox"/> No	<input type="checkbox"/> Student visa or other visa	P <input type="checkbox"/> Pacific Islander
			B <input type="checkbox"/> Black, Non-Hispanic
			I <input type="checkbox"/> American Indian or Alaska Native
			W <input type="checkbox"/> White, Non-Hispanic
			O <input type="checkbox"/> Other _____
			D <input type="checkbox"/> Decline to respond

TERM	YEAR	COURSE #	COURSE TITLE	DEPT	Ug/Gr	# of credits	Pass/No pass	Audit	A-F	Noncredit	FEE \$
						<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
						<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
						<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
						<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$

STUDENT SIGNATURE (required)

PAYMENT METHOD:

- Check/money order enclosed
- Bill my student account (credit students only)
- Company Purchase Order enclosed

TOTAL _____