APPLICATION INSTRUCTIONS

CHECKLIST

- Complete and submit this application to:
  Graduate School
  1219 University of Oregon
  Eugene OR 97403-1219

- Enclose a $50 nonrefundable application fee. Make check payable to the University of Oregon.

- Submit a statement of purpose—a one- to two-page explanation of the reasons you want to enroll as a postbaccalaureate graduate student. This statement will be used in conjunction with your college transcripts to determine admission status.

- Request official transcripts from each college where you earned a degree to be sent to the Graduate School.

APPLICATION DEADLINES

This completed application and your file materials must be submitted to the Graduate School no less than 30 days before the beginning of the term in which you request admission.

Definition of Postbaccalaureate Graduate Student: A holder of an accredited bachelor’s degree who has been admitted to the Graduate School but not to a degree program. This is a nondegree classification. A postbaccalaureate graduate student does not have a declared major and cannot earn a graduate degree while so classified.

RESTRICTIONS

Postbaccalaureate graduate students are not eligible for financial aid.

A maximum of 15 graduate credits earned at the University of Oregon while classified as a postbaccalaureate graduate student may be counted later toward a master’s degree pending school or departmental endorsement and Graduate School approval. CAUTION! This is within the overall 15-credit maximum of transfer credit to a 45-credit master’s degree program. Grades must be A, B, or P.

Do not use this form if:

- You want to pursue a formal degree program.

- You have ever been admitted and enrolled as a graduate student at the University of Oregon. Instead, request a Permission to Re-register form from the Graduate School, 1219 University of Oregon, Eugene OR 97403-1219; telephone (541) 346-5129.

- You are an international student. The postbaccalaureate graduate student status is restricted to U.S. citizens.

TUITION

Postbaccalaureate graduate students pay appropriate graduate tuition according to their current residency status.

IMPORTANT TELEPHONE NUMBERS

<table>
<thead>
<tr>
<th>Service</th>
<th>Phone</th>
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<tbody>
<tr>
<td>Admissions</td>
<td>346-3201</td>
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<td>Graduate School</td>
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<td>Student Financial Aid</td>
<td>346-3221</td>
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<td>University Housing</td>
<td>346-4277</td>
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<td>University Information</td>
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The area code for all telephone numbers is 541.

The University of Oregon is an equal-opportunity, affirmative-action institution committed to cultural diversity and compliance with the Americans with Disabilities Act. This publication will be made available in accessible formats upon request.

OREGON UNIVERSITY SYSTEM (OUS) SOCIAL SECURITY NUMBER DISCLOSURE AND CONSENT STATEMENT

To comply with the Tax Payer Relief Act of 1997, the University of Oregon must obtain your correct social security number (SSN) to file returns with the Internal Revenue Service (IRS) and to furnish a statement to you. The returns filed by the UO must contain information about qualified tuition and related expenses. The Privacy Act of 1974, section 6109 of the Internal Revenue Code, requires that you give your correct SSN to agencies who must file information returns with the IRS. The IRS uses your SSN for identification and to verify the accuracy of your tax return. For more information, please refer to Internal Revenue Code section 6050S.

By signing the application, you give your permission for the use of your SSN to assist the UO and the OUS (and organizations conducting studies for or on behalf of the OUS) in developing, validating, or administering predictive tests and assessments; administering student aid programs; improving instruction; identifying students internally; collecting student debts; or comparing student educational experiences with subsequent work-force experiences. When conducting studies, the UO and the OUS will disclose your SSN only in a manner that does not permit personal identification of you by individuals other than representatives of the UO and the OUS (or the organization conducting the study for the OUS) and only if the information is destroyed when no longer needed for the 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 Oregon Revised Statutes 351.070 and 351.085. You are not required to consent to the use of your SSN for research; if you choose not to do so, you will not be denied any right, benefit, or privilege provided by law. You may revoke your consent for the use of your SSN at any time by writing to the Office of Admissions. If you do not give consent to use your SSN for research, please attach a note requesting a system-generated number.
UNIVERSITY of OREGON
Postbaccalaureate Graduate
Application

Application instructions, deadlines, and student status
restrictions are on the back of this form. Please read carefully.

Circle the term for which you seek admission: Fall Winter Spring Summer 20____

Have you previously applied to or attended the University of Oregon? □ Yes □ No

Term and year of previous application: Fall 20____ Winter 20____ Spring 20____ Summer 20____

Did you apply to a graduate program? □ Yes □ No

Full name: ___________________________ □ First □ Middle □ Last □ Other (if any)

Mailing address: Number and Street ___________________________ State ______ ZIP ______

City ___________________________ County ___________________________

Permanent address: Number and Street ___________________________ State ______ ZIP ______

City ___________________________ County ___________________________

E-mail ___________________________

Person to be notified in case of an emergency ___________________________ Relationship ___________________________

Address ___________________________ Number and Street ___________________________

City ___________________________ State ______ ZIP ______ Telephone (_____) ______

□ Male □ Female Date of Birth: ______ /_____/____

To help the university comply with a commitment to the U.S. Department of Health, Education, and Welfare, you are urged to identify your ethnic background. You may decline to do so without prejudicing the action taken on your application.

□ Non-Hispanic Black □ Native American or Native Alaskan □ Asian or Pacific Islander □ Hispanic □ Non-Hispanic White □ Decline Response

Residency information: Nation of citizenship: □ U.S. □ Other ___________________________

If non-U.S. resident: Type of visa: ___________________________ Date issued: ______ /_____/____ (Attach a copy of the front and back of your current immigrant status card or visa.)

For tuition purposes, do you consider yourself a □ resident □ nonresident? If resident, please answer the following. Failure to do so may result in your classification as a nonresident.

Dates of most recent continuous physical presence in Oregon:

You: ___________________________ to ___________________________ Your parent/guardian: ___________________________ to ___________________________

List the last two years Oregon income taxes were filed:

You: ______ /_____/____ ______ /_____/____ Your parent/guardian: ______ /_____/____ ______ /_____/____

Issue date of your Oregon driver’s license ______ /_____/____ Date of your Oregon voter registration ______ /_____/____

Dates of military service, if applicable ______ /_____/____ to ______ /_____/____ Did you enter the military service while a resident in Oregon? □ Yes □ No

List all colleges attended, including the University of Oregon

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<th>Office Use</th>
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<th>Dates Attended</th>
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I certify that the information provided is true, and I understand the policy statement on the other side. This application has been completed without evasion or misrepresentation. If it is found to be otherwise, I understand it is cause for rejection or dismissal.

Signature ___________________________ Date ___________________________

Office Use Only
Graduate School: □ Approved □ Denied