

Application for Graduate Readmission

Graduate School, 300 Kerr Admin Bldg, Corvallis, OR 97331, <http://oregonstate.edu>

Graduate School use only

_____	Accept regular
_____	Accept conditional English
_____	Accept conditional academic
_____	Reject

Please include the \$25 non-refundable application fee with this form to assure processing of your application; applications without the fee will not be processed. Please read and sign the reverse side of this form. This form should be submitted at least three weeks before the term for which you wish to return.

1. TERM FOR READMISSION: Summer Fall Winter Spring Year: 20 _____
 Last attended OSU: Summer Fall Winter Spring Year: 20 _____

2. SOCIAL SECURITY NUMBER: _____ - _____ - _____ Please refer to the Social Security Number Disclosure and Consent Statement

3. LEGAL NAME: Last _____ First _____ Middle _____
*If international applicant, please write name as it appears on your passport.

4. OTHER NAME(S) that may appear on your academic records:
 Last _____ First _____ Middle _____

5. CURRENT MAILING ADDRESS: P.O. Box or Street _____
 City _____ State/Province _____ Zip _____
 County _____ Country _____
 Home Phone (include area code) _____ Work Phone _____
 E-mail Address _____

6. GENDER: Male Female _____

7. DATE OF BIRTH: Month _____ Day _____ Year _____
(REQUIRED)

7. PLACE OF BIRTH: City _____ State _____ Country _____

8. CITIZENSHIP STATUS (Required, please select only one) U.S. Citizen
 Permanent Resident - resident number *A- _____ Date issued (mo/day/yr) _____
*Attach a copy of your Resident Alien card
 Non-immigrant Alien - country of citizenship _____ Type of visa currently held if any _____

9. CONTACT INFORMATION In case of emergency the university may contact:
 Mr. & Mrs.
 Mr. Ms. Last Name _____ First _____ Middle _____
 Permanent Address P.O. Box or Street Address _____
 City _____ State/Province _____ Country _____ Zip _____
 Home Phone (include area code) _____ Work phone _____
 Please indicate your relationship to the above contact person: OSU Alumni Parent Parent Guardian Relative Other

10. GRADUATE STATUS:
 Graduate degree sought _____ Graduate Major _____

11. PRIOR STATUS AT OSU:
 Previous OSU Major _____ Have you received a degree at OSU? Yes No
 If yes, degree _____ Date received _____
 If no, what degree were you pursuing? _____ Major _____

12. OUS EMPLOYMENT: Are you employed anywhere within the Oregon University System? Yes No
 If yes, specify: University _____ Department _____ Rank _____

APPLICANT NAME: _____
LAST
FIRST
MIDDLE

13. ETHNIC IDENTITY (OPTIONAL)

Please indicate your ethnic identity by checking one of the following. (Note: In compliance with federal reporting requirements, OSU must seek to identify the ethnic background of applicants for admission. You are encouraged to supply this information, but may decline without in any way prejudicing your application)

- W White, European American, Non-Hispanic
- B Black, African American, Non-Hispanic
- A Asian American _____
please specify ethnic group
- M Middle Eastern _____
please specify ethnic group
- P Pacific Islander _____
please specify ethnic group
- N North African _____
please specify ethnic group
- H Hispanic American _____
please specify ethnic group
- D Decline to Respond
- I American Indian, Alaskan Native _____
please specify ethnic group
- O If none of the above is appropriate for you, please write in the ethnic/racial identification you use: _____

14. LIST IN CHRONOLOGICAL ORDER ALL OTHER SCHOOLS ENTERED OR ATTENDED SINCE LEAVING OREGON STATE UNIVERSITY:

INCLUDE EXTENSION OR CORRESPONDENCE COURSES. USE ADDITIONAL PAPER IF NECESSARY. If none, check here

Name of institution	Location (city and state or country)	Months and years attended	Major/Degree/Year earned
_____	_____	from _____ 19/20 to _____ 19/20	_____
_____	_____	from _____ 19/20 to _____ 19/20	_____
_____	_____	from _____ 19/20 to _____ 19/20	_____

Are you currently attending one of the institutions mentioned above (including extension and/or correspondence work)? Yes No
 If yes, name of institution and the month and year you will complete the work there _____

15. ACCOUNT FOR YOUR TIME CHRONOLOGICALLY for the past three years that you have not been enrolled in school. This information is essential for residency classification. If you choose not to be classified as an Oregon resident, even though you may be eligible for such status, please attach a letter of explanation. Use additional paper if necessary.

Activity/Employment	Location (city and state)	Months and years
_____	_____	from _____ 19/20 to _____ 19/20
_____	_____	from _____ 19/20 to _____ 19/20
_____	_____	from _____ 19/20 to _____ 19/20

16. APPLICANTS WITH DISABILITIES:

If you have a physical or learning disability and need reasonable accommodations or information about services available, please contact the Director of Disability Access Services, Oregon State University, 202 Kerr Administration Building, Corvallis, OR 97331-2133. Phone: 541-737-4098.

17. CERTIFICATION: I certify that I have provided complete and accurate responses to the items on this application. The documents I have provided are unaltered copies of the original documents. I authorize release of any information submitted by me in connection with this application to any person, firm, corporation, association, or government agency, but only to verify or explain information.

Signature (required) _____ Date _____

(Optional) I authorize _____ to make inquiries on my behalf during the application process.

Signature _____ Date _____

NONDISCRIMINATION AND DIVERSITY STATEMENT

Oregon State University, in compliance with state and federal law and regulation, does not discriminate on the basis of race, color, national origin, sex, sexual orientation, marital status, age, disability or veteran's status in any of its policies, procedures or practices. This nondiscrimination policy covers admission and access to, and treatment and employment in, University programs and activities, including but not limited to academic admissions, financial aid, educational services, and employment.

SOCIAL SECURITY NUMBER DISCLOSURE AND CONSENT STATEMENT

As an eligible educational institution, OSU must get your correct social security number (SSN) to file certain returns with the IRS and to furnish a statement to you. The returns OSU must file contain information about qualified tuition and related expenses. Privacy Act Notice - Section 6109 of the Internal Revenue Code requires that you give your correct SSN to persons who must file information returns with the IRS to report certain information. The IRS uses the numbers for identification purposes and to help verify the accuracy of your tax return. For more information please refer to IRS code 6050S. By providing your SSN you also authorize OSU and OUS to use your SSN for tracking and statistical purposes as outlined in the OSU Disclosure and Consent Statement contained in the printed and web version of the OSU Schedule of Classes for each term. Although your SSN is required to process your application you will be issued a student ID number other than your SSN.