



REGISTRATION FOR SPECIAL COURSE/ CREDIT OVERLAY

Please indicate the semester and year of course: [ ] Fall [ ] Spring [ ] Summer Year \_\_\_\_\_

Print Name \_\_\_\_\_ Social Security Number\* \_\_\_\_\_

[ ] Male\* [ ] Female\* Date of Birth\* \_\_\_\_\_

Permanent Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Present Address \_\_\_\_\_

Country of Citizenship \_\_\_\_\_ If not U.S., are you a U.S. Resident? [ ] Yes [ ] No

\*Ethnic Origin (optional) Are you Hispanic or Latino? [ ] Yes [ ] No

What is your race? Select one or more: [ ] American Indian or Alaska Native [ ] Black or African American [ ] Asian American [ ] Native Hawaiian or Other Pacific Islander [ ] White

\*Church Affiliation \_\_\_\_\_

Financial Responsibility Agreement

I understand I am responsible for payment of all my tuition charges. Payment is due at the time this form is submitted to the university. Transcripts may be ordered online at nationalstudentclearinghouse.org or by written request through the Registrar's Office.

Academic Responsibility Agreement

I understand I am responsible to know and to abide by the academic policies printed in the university catalog or on the website.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Return this completed form to your instructor.

George Fox University Registrar's Office 414 N. Meridian #6189 Newberg, OR 97132 1-800-765-4369

\*Although you are not required to submit these fields, this information is vital to the internal reporting needs of the University and provides valuable information about the students we are serving.

This section to be completed by the university department sponsoring the special course.

Course No. Title Credits Instructor \*\*Payment Received

Instructor's Signature \_\_\_\_\_ Date \_\_\_\_\_

\*\* COURSE PAYMENT MUST ACCOMPANY THIS FORM TO FINALIZE REGISTRATION