



Special Student Registration Application

(Must be completed each semester)

Please indicate the semester and year of expected attendance:

Fall Spring May Summer Year _____

Print Name _____ Social Security Number* _____
Last First Middle Former Name

Male* Female* Date of Birth* _____

Permanent Address _____
Street City State/Zip

Home Phone _____ Work Phone _____ E-mail _____

Present Address _____
(If different from above) Street City State/Zip

Country of Citizenship _____ Are you a U.S. Resident? Yes No

Ethnic Origin* African American Asian American Caucasian Hispanic
 Pacific Islander Native American Other _____

Church Affiliation* _____

Classes Applying for: (Some courses are by department permission only)
Special Students will be registered on the first day of classes if space is available.

Course # _____ Title _____ Credit Audit _____
Signature of instructor if permission required

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Signature of instructor if permission required

All applicable fees must be paid prior to registration. Please remit payment with your application to the Registrar's Office.

Check one:

- Undergraduate Courses** (Less than 12 credit hours cumulative, one-time application fee of \$40, full catalog tuition rate will be billed, receives credit)
- Spouse of a Full-Time Student** (Up to two audited courses per semester, one-time application fee of \$40, spouse enrollment tuition fee will be billed at \$25 per course)
- Certificate Program** (one-time application fee of \$40, certificate program tuition rate will be billed, for audit)
- Graduate Courses** (Up to 10 credit hours toward degree, one-time application fee of \$40, full tuition rate will be billed, receives credit)
 - Choose one: Educational Foundations and Leadership
 - Seminary
 - Counseling/ Marriage and Family Therapy (By Department Permission Only)
(COUN, MMFT, MSCN, MSPS)
 - Doctor of Psychology (By Department Permission Only)
(PSYD)
- Senior Citizen** (62 years or older, one-time application fee of \$40, \$25 per semester for enrollment in traditional undergraduate courses)
 - Choose one: Credit Audit

Do you plan to pursue a degree at George Fox University? Yes No

Do you have a degree from a previously attended college? Yes No

If yes, name of school _____

Graduation date _____

Highest degree earned _____

Admission Statement

George Fox University seeks to admit students who will best succeed and benefit from a distinctly Christian education and environment. Members of the George Fox community demonstrate Christian values and are committed to the integration of faith and learning. All students are expected to respect the spirit & intention of the George Fox community while on campus or at off-campus class locations (see Catalog or Program Guide for more information).

My signature is my affirmation that I have read and understand the above statement and am responsible for understanding current university policies as they appear in published catalogs. I am willing to cooperate with the purposes and expectations of George Fox University.

Signature _____ Date _____

Return to: Registrar's Office, George Fox University
414 N. Meridian #6189
Newberg, OR 97132
(503) 538-8383 or 1-800-765-4369

*This information is vital to the internal reporting needs of the University. However, federal law states that submission of this information is entirely optional. Because the University uses this information for automatic student loan deferment processes, you can save yourself time and effort by providing this information.