



SPECIAL STUDENT REGISTRATION APPLICATION

Alumni Audit

(\$50 per credit hour, does not earn college credit)

Print Name _____
First Middle Last Former Name

Social Security Number _____ 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*

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 American or Other Pacific Islander White

Church Affiliation* _____

Class Applying for: (Some courses are by department permission only) For additional courses please use the back of this form.

Semester and year of expected attendance: Fall Spring Summer Year _____

Course # Title Signature of instructor if permission required

Course # Title Signature of instructor if permission required

Special Students will be registered on the first day of classes if space is available.

Please complete:

When did you attend George Fox University? _____

Degree earned? _____ Graduation date _____

(see reverse)

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).

Please initial the following statements:

_____ I agree to the terms and conditions associated with my enrollment. I understand that this confirms my intention to attend classes in the term listed above. If I should choose to cancel my enrollment or withdraw from the institution I understand that it is my responsibility to contact the Registrar's Office to withdraw from the institution.

_____ I understand that I am responsible for all costs associated with my enrollment and that failure to make payment by each due date will result in a 1% late payment fee calculated on the past due balance (12% APR) in addition to enrollment and transcript holds. I also understand that my account may be reported to a national credit bureau and if my account must be submitted to a collection agency, I am responsible for all costs incurred including attorney and collection fees.

My signature is my affirmation that I have read and understand the above statements 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
Fax: 503-554-3880
Email: registrar@georgefox.edu

*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.