

CENTER FOR CONTINUING STUDIES

LEWIS & CLARK GRADUATE SCHOOL OF EDUCATION AND COUNSELING

Student Information

Registration Form

L&C student number (if applicable) _____ Social Security number _____ - _____ - _____

Name First _____ Last _____ Former Names _____

Address Street _____

City _____ State _____ Zip _____

Phone Home _____ Work _____

Email _____ Fax _____

*Confirmation will be sent via e-mail unless otherwise noted. Please mail my confirmation.

Date of Birth _____ Gender M F

*Graduate School alumni are eligible for a 10 percent discount on tuition for **noncredit, on-campus courses only.***

L&C Alumni Graduation Year _____ Degree _____

The following question is optional.

How would you describe yourself? (Please check all that apply.)

- | | |
|---|--|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Non-resident alien |
| <input type="checkbox"/> Asian | <input type="checkbox"/> White or Caucasian |
| <input type="checkbox"/> Black or African-American | <input type="checkbox"/> Native Hawaiian or Pacific Islander |
| <input type="checkbox"/> Hispanic (Mexican-American/Puerto Rican) | <input type="checkbox"/> Decline to state |
| <input type="checkbox"/> Biracial or multiracial _____ | <input type="checkbox"/> Other _____ |

Have you previously registered at Lewis & Clark?

Yes No

Courses for Continuing Education Credit (800-899) *These courses are not degree applicable and offered only on a pass/fail (CR/NC) basis. Letter grades are not provided.*

Courses for Degree-Applicable Credit (500-699) *Please register for degree-applicable credit online at lclark.edu/dept/gradreg or call 503-768-6030 for more information and forms.*

Courses Fall 20____ Spring 20____ Summer 20____ Check one below

Course #	Title	Noncredit PDU/CEU	Credit
C E 8			
Alumni discount (if applicable): \$		Total Due:	\$

Student Signature: _____ Date _____

You are responsible for all tuition and fees for any courses for which you register.

Payment Information:

- Check enclosed payable to Lewis & Clark
- By purchase order: School District _____ # _____
- Charge to my VISA/Mastercard

Submit this form and full payment to:

Center for Continuing Studies
Lewis & Clark, MSC 85
0615 SW Palatine Hill Rd
Portland, OR 97219-7899
Phone: 503-768-6040
Fax: 503-768-6045
Email: ccps@lclark.edu
lclark.edu/dept/ccps

Card Holder Name (Please Print) _____

No. _____

Exp. date ____ / ____ V Code _____ Amount \$ _____

Signature _____

All cancellations must be received in writing, at least three business days prior to the first class meeting for a full refund. If a request is not received in that time period, no refund will be made.