



# Application for Postbaccalaureate Admission

Application for: (choose one)  
Fall 20 \_\_\_\_\_ Winter 20 \_\_\_\_\_  
Spring 20 \_\_\_\_\_ Summer 20 \_\_\_\_\_

Have you applied to or ever attended PSU?  Yes  No

If seeking a 2<sup>nd</sup> Bachelor's degree or a certificate, write in the major codes.

(see reverse side for code list)

\$50 non-refundable application fee is required.  
Make check or money order payable to Portland State University.  
See reverse side for Credit Card payment information.

Please indicate the level of your courses:  Graduate  Undergraduate

Social Security Number\*    -   -

\*Please see Disclosure and Consent statement located on back

Legal Name

Last (Family)

First

Middle

Other name(s) that may appear

On your academic records:

E-mail Address:

Current Mailing Address:

Number and Street

County

Home Phone ( )

City

State/Country/Zip

Work Phone ( )

Permanent Address:

Number and Street

County

Home Phone ( )

City

State/Country/Zip

Work Phone ( )

Gender:  Male  Female Date of Birth: MONTH \_\_\_\_\_ DAY \_\_\_\_\_ YEAR \_\_\_\_\_ Are you a U.S. Citizen?  YES  NO  
(If no, answer questions on reverse side)

For tuition purposes, do you consider yourself a resident of Oregon?  
 YES  NO

If resident, please answer the following questions. **Failure to do so may result in your classification as a non-resident.**

Dates of most recent continuous physical presence in Oregon: Applicant \_\_\_\_\_ to \_\_\_\_\_ Parent/Guardian (if applicant under 21) \_\_\_\_\_ to \_\_\_\_\_

The last two years Oregon income taxes were filed: \_\_\_\_\_ to \_\_\_\_\_

Issue date of Oregon Driver's License: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_ mo yr \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_ mo yr

Date of your Oregon Voter Registration: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_ mo yr \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_ mo yr

Dates of military service, if applicable: \_\_\_\_\_ to \_\_\_\_\_ Did you enter the military while a resident of Oregon?  YES  NO

**Ethnic Identity (Optional):** The state system schools must seek to identify the ethnic background of applicants for admission in compliance with federal reporting requirements. You are encouraged to supply this information but you may decline without prejudicing your application in any way.

- B** Black/African American, Non-Hispanic  **D** Decline to Respond
- W** White, Non-Hispanic
- A** Asian or Pacific Islander \_\_\_\_\_ (Specify Ethnic Group)
- I** American Indian or Alaska Native \_\_\_\_\_ (Specify Ethnic Group)
- H** Hispanic/Chicano/Latino \_\_\_\_\_ (Specify Ethnic Group)
- M** Middle Eastern \_\_\_\_\_ (Specify Ethnic Group)

List each community college, junior college, college, and university you have attended (include PSU attendance) beginning with the most recent. **NOTE: Failure to provide the following information subjects you to cancellation from the University. Official transcripts are required from each institution listed. To be official, transcripts must be received in the original sealed envelope.**

Office Use Only	Institution	Location (City & State)	Dates Attended (Month & Yr)	Degree Received/Date
			TO	/
			TO	/
			TO	/
			TO	/
			TO	/

Country of Citizenship \_\_\_\_\_ Date Visa Issued \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Mo Day Year If Yes, Resident Alien Number : A \_\_\_\_\_

(Attach photocopy of front and back of Resident Alien "Green" Card)

If you are a dependent on your parents, list your parents or legal guardians. If you are not dependent on your parents, list a relative or a friend who can be reached in case of an emergency.

Last Name \_\_\_\_\_ First \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone [ ] \_\_\_\_\_ Work Phone [ ] \_\_\_\_\_

Relationship:  Parent  Legal Guardian  Spouse  Friend  Other (Specify) \_\_\_\_\_

**POSTBACCALAUREATE DEGREE PROGRAMS CODES (: option)**

<b>AJ</b> Administration of Justice	<b>SPAN</b> Foreign Languages: Spanish	Dental Hygiene
<b>ANTH</b> Anthropology	<b>GEOG</b> Geography	Dentistry
<b>APLN</b> Applied Linguistics	<b>G</b> Geology	Forestry
<b>ARCH</b> Architecture	<b>Health Education</b>	Law
<b>AHIS</b> Art: Art History	<b>HECE</b> Health Education: Community Health	Medicine
<b>ADPP</b> Art: Drawing/Painting/Printmaking	<b>HEFT</b> Health Education: Health and Fitness	Naturopathic Medicine
<b>AGDS</b> Art: Graphic Design	<b>HEHS</b> Health Education: Health Sciences	Nuclear Medicine Technology
<b>ASCP</b> Art: Sculpture	<b>HESE</b> Health Education: School Health	Nursing
<b>ARTH</b> Art History	<b>HST</b> History	Occupational Therapy
<b>AL</b> Arts and Letters	<b>International Studies</b>	Optometry
<b>BI</b> Biology	<b>INST</b> International Studies	Osteopathy
Business Administration	<b>ISAF</b> International Studies: African Studies	Pharmacy
<b>ACTG</b> Bus Ad: Accounting	<b>ISEA</b> International Studies: East Asian Studies	Physical Therapy
<b>ADMG</b> Bus Ad: Advertising Management	<b>ISEE</b> International Studies: European Studies	Physician Assistant
<b>FINL</b> Bus Ad: Finance	<b>ISLA</b> International Studies: Latin Amer Studies	Podiatry
<b>GBA</b> Bus Ad: General Management	<b>ISME</b> International Studies: Middle East Studies	Radiation Therapy
<b>HRM</b> Bus Ad: Human Resource Management	<b>LIB</b> Liberal Studies	Veterinary Medicine
<b>ISQA</b> Bus Ad: Information Systems	<b>MTH</b> Mathematics	<b>Certificate Programs</b>
<b>MKTG</b> Bus Ad: Marketing	<b>ME</b> Mechanical Engineering	Accounting
<b>SLM</b> Bus Ad: Supply and Logistics Management	<b>MUS</b> Music (BA/BS)	Biotechnology
<b>CH</b> Chemistry	<b>MUSM</b> Music: Performance (BM)	Black Studies
<b>CHBI</b> Chemistry: Biochemistry	<b>PHL</b> Philosophy	Chicano/Latino Studies
<b>CFS</b> Child and Family Studies	<b>PH</b> Physics	European Studies
<b>CE</b> Civil Engineering	<b>PS</b> Political Science	Food Industry Management
<b>CD</b> Community Development	<b>PSY</b> Psychology	International Business Studies
<b>CMPE</b> Computer Engineering	<b>SCI</b> Science	Latin American Studies
<b>CS</b> Computer Science	<b>SSC</b> Social Science	Middle East Studies
<b>EC</b> Economics	<b>SOC</b> Sociology	Teaching English as a Second Language
<b>EE</b> Electrical Engineering	<b>SPSH</b> Speech and Hearing Sciences	Teaching Japanese as a Foreign Language
<b>ENG</b> English	<b>SP</b> Speech Communication	Urban Studies
<b>ENVS</b> Environmental Studies	<b>TA</b> Theater Arts	Women's Studies
<b>Foreign Languages</b>	<b>UNDC</b> Undecided/Undeclared	<b>Education is a fifth-year program</b>
<b>FLCM</b> Foreign Languages: Combination	<b>WST</b> Women's Studies	
<b>CHN</b> Foreign Languages: Chinese	<b>Preprofessional Non-Degree Programs</b>	
<b>FR</b> Foreign Languages: French	Agriculture	Graduate Studies – If you are interested in advanced degree programs or information, please visit PSU's Homepage at <a href="http://www.pdx.edu">www.pdx.edu</a> or contact the Office of Graduate Studies, 111 Cramer Hall, at 725-3423
<b>GER</b> Foreign Languages: German	Chiropractic	
<b>JPN</b> Foreign Languages: Japanese	Clinical Laboratory Science	
<b>RUS</b> Foreign Languages: Russian	Cytotechnology	

**Social Security Number Disclosure and Consent Statement**

You are requested to provide voluntarily your Social Security Number to assist OUS (and organizations conducting studies for or on behalf of OUS). In developing, validating, or administering predictive tests; administering student aid programs; improving instruction; internal identification of students; collection of student debts; or comparing student educational experiences with subsequent workforce experiences. OUS will disclose your Social Security Number only if the studies are conducted in a manner that does not permit personal identification of you by individuals other than representatives of OUS (or the organizations conducting the study for OUS) and only if the information is destroyed when no longer needed for the purposes for which the study was conducted. By providing your Social Security Number, you are consenting to the uses identified above. This request is made pursuant to ORS 351.070 and 351.085. Provision of your Social Security Number and consent to its use is not required and if you choose not to do so you will not be denied any right, benefit, or privilege provided by law. You may revoke your consent or the use of your Social Security Number at any time by writing to the Registrar.

I Certify that all statements on this application are complete and true. I also understand that if I am admitted and do not enroll for the term to which I am admitted, I will need to update my application within one year: otherwise, I will submit a new application and non-refundable application fee.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

For Payment by Credit Card  Visa  MC Name on Card \_\_\_\_\_  
 Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_