Application for Guest Student Status at OIMB

Date:	Applying for: SPRING FALL
Legal Name	Last First Middle appear on your academic records
Other names that may	appear on your academic records
	Last First Middle
Date of Birth	Mo / Day / Year
College you are currer	ntly attending
Major	
Status in major: Sopho	omore Junior Senior Please send a copy of your transcript with your application to OIMB.
Current Address	
Permanent Address	
Phone	
E-Mail Address	
Do you want to apply RESIDENCY	for dormitory housing? Yes No Male Female (For dormitory assignment)
Failure to answer all q	uestions may cause you to be classified as a nonresident. Additional documentation may be
required to substantiat	e residency.
Citizenship classifica	tion (circle one)
U.S. Citizen Nonimmi	grant student using F or J visa
U.S. permanent resident;	list alien registration # Other; list your immigrant status while in U.S.
	(for UO rates see http://registrar.uoregon.edu/common/tuition/tuitionrates.php)
	a consider yourself a resident of Oregon? Yes No
	an claim you as a dependent in the prior tax year? Yes No
Parent or guardian's legal st	an provide at least half of your support in the past twelve months? Yes No tate of residence
Is your high school diploma	or GED from Oregon? Yes No Graduation year
Dates of most recent physic	al presence in Oregon (month/year) fromto
	a driver's license (month/year)
Date of employment in Oreg	
Student's employer	fromto
Parent's employer	
	on income taxes were filed
	applicable (month/year) fromto
	ervice while a resident of Oregon? Yes No scharged, attach a copy of DD-214
CERTIFICATION	
	d complete and accurate statements on this application. To the best of my knowledge, all official documents are
	ords that pertain to me. I understand that all official documents submitted in support of this application become the
	nd cannot be returned, copied, or transferred to a third party. I understand that failure to list all colleges attended or iments may result in denial of admission or disciplinary action.

I authorize the release of any information submitted by me in connection with this application to any person, firm, corporation, association, or government agency, but only to verify or explain the information.

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Signature					Date	
Your signatu	re ce	ertifies the	e accurac	y and o	leteness of the information provided. Application must be signed for processing.	

Approved by		
OIMB	Date	