



Registration Request ■ 1975 Summer Session only

University of Oregon, Eugene

Social Security No. _____
(required)

Information **MUST** Be Legible

Full Legal Name _____
First Middle Last

Any other name for you in our files? If yes, what name? _____

Mailing address _____
Street and Number City

State or Country Zip
Sex: male; female Telephone _____

Have you ever attended the UO? Yes, ; No, .
If yes, indicate the last term and year attended (do not include Division of Continuing Education).

Fall Winter Spring Summer 19 _____

Indicate your **present class level** (check one) Special or prefreshman Sophomore Senior
 Freshman Junior Graduate

Do you now have, or will you receive a degree by the beginning of Summer Session? _____

If yes, what degree _____

Do you plan to attend a pre-session workshop June 16-20? Yes, ; No, .