Non-Matriculant Registration

Office of the Registrar
Jones Hall, Room 13
253.879.3217
registrar@pugetsound.edu

STUDENT INFORMATION				
Last Name	First Name	Middle	Birth Date	Social Security Number
Street address		City, State		ZIP Code
Telephone		Email Address		

Check all that apply: ❑ Alumni with Puget Sound Degree Graduation Year:_____ ❑ Puget Sound Women's League
❑ Faculty/Staff* ❑ Faculty/Staff Spouse or Domestic Partner* ❑ Faculty/Staff Dependent Child*
**These categories must complete the Tuition Remission Scholarship Form and submit to Human Resources.*

BACKGROUND INFORMATION (FIRST TIME REGISTRATION ONLY)

Have you previously applied for admission to University of Puget Sound? ❑ Yes ❑ No

What is your highest level of education?
❑ High School diploma/GED
High School: _____ Graduation Year:_____
❑ College
Last Institution Attended: _____ Dates Attended: _____ Graduated: ❑ Yes Degree:_____
❑ No

Have you ever been found guilty or convicted of a misdemeanor, felony, or other crime? ❑ Yes ❑ No
You are not required to answer yes to this question if the conviction has been expunged, pardoned, or otherwise order by a court to be kept confidential.

Sex: ❑ Male ❑ Female

US Citizenship: ❑ Yes ❑ No If no, country of citizenship: _____

Race/Ethnicity: (Optional)
Are you of Hispanic/Latino ethnicity? ❑ Yes ❑ No
Regardless of your answer to the prior question, please indicate how you identify (check all that apply):
❑American Indian/Alaska Native ❑Native Hawaiian/Pacific Islander ❑Asian ❑Black/African-American ❑White (including Middle Eastern)

COURSE SELECTION

Registration Term: ❑ Fall ❑ Spring ❑ Summer Year: 20____

Class Number	Course Dept., Number, Section	Units	Grading Basis (AU, GR, P/F)	Instructor's Signature

I understand I cannot earn a Puget Sound degree and this registration cannot be used in place of formal admission. Further, I understand if I seek formal admission, only the first 3 undergraduate units or 2 graduate units taken as a non-matriculant student may be applied to a degree.

I accept full responsibility to pay all tuition, fees, or other associate costs associated with the registration for any class at the University of Puget Sound.

I certify the information I have provided is true and that misrepresentation may result in dismissal and denial of future enrollment.

Student Signature: _____ Date: _____

Office Use ❑ Person Record ❑ Program Plan ❑ Term Activate ❑ Registration Total Units:_____ Date/Initials:_____