

Special Student Registration

- Please visit https://graduate.lclark.edu/offices/registrar/forms_and_resources/special_student_status/ for information about Special Student Status.
- All fields are required (if applicable) unless marked as optional. *Please print clearly.*

Last name (Legal)		First name (Legal)		Middle name	
Preferred first/Chosen first name		All former names			
Home address		City		State	Zip
Phone number	Email address			Social Security Number	
Legal Sex	Birthdate		Pronoun (optional)		

(Optional) Are you Hispanic or Latino? ☐ Yes ☐ No ☐ Choose Not to Answer

(Optional) Please check *one or more* of the following groups of which you consider yourself to be a member:

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Alaska Native | <input type="checkbox"/> American Indian | <input type="checkbox"/> Asian | <input type="checkbox"/> Black or African American |
| <input type="checkbox"/> Native Hawaiian or Other Pacific Islander | <input type="checkbox"/> White | <input type="checkbox"/> Choose Not to Answer | |

Have you previously applied for admission to a Lewis & Clark graduate program? ☐ Yes ☐ No

Applicant Signature: _____	Date: _____
<i>By signing this form I certify the above information is correct and accurate to the best of my knowledge</i>	

Course Selection:

Term: (ex: Spring 2023): _____

Course & Section # (ex: AT 510-01)	Course Title (ex: Intro to Art Therapy)	# Credits

Program Approval:

_____ Name of Program Director	_____ Signature of Program Director*	_____ Date
_____ Name of Program Director	_____ Signature of Program Director*	_____ Date

**Form can be sent directly from your LC email account in lieu of a signature*