

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	Describe your gender identity (optional)	Pronoun (optional)
Are you a U.S. citizen or Permanent Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No Visa Type: _____			

(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:

- Alaska Native
 American Indian
 Asian
 Black or African American
 Native Hawaiian or Other Pacific Islander
 White
 Choose Not to Answer

Have you previously applied for admission to a Lewis & Clark graduate program? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, which program? _____
List any professional licenses you hold: _____

COURSE SELECTION -- Term/Year: (ex: Spring 2023) _____

Synonym <small>(ex: 29301)</small>	Department <small>(ex: SPSY)</small>	Course # <small>(ex: 531)</small>	Section # <small>(ex: 01)</small>	Course Title <small>(ex: Suicide Prevention & Intervention)</small>	Dept. Initials <small>(Office Use Only)</small>

Applicant Signature: _____	Date: _____
By signing this form I certify the above information is accurate to the best of my knowledge	