

Non-Degree Seeking Student Registration Form



- **Application fee is \$25 USD (non-refundable).**
- **Make check payable to NUNM. Mail check and form to NUNM Admissions, 049 SW Porter St., Portland OR 97201.**
- Complete the top three sections.
- You must have instructor's signature. **No lab courses may be audited** (for example histology lab).

- Payment is required before attending class.
- Audit fee is 80% of regular tuition for academic courses.
- Clinic is 3 credits for every 48 hrs. at 100% of regular tuition (may observe only). Please attach list of exact dates, times of shifts you will be attending.
- No refunds will be given after the first class meeting.

SECTION 1: STUDENT APPLICATION

Full Name: _____ SS# _____

Address: _____ City _____ State _____ Zip _____

Telephone _____ Date of Birth ____/____/____ Email: _____

TERM	Course #	Course Title	Section	Credits	Indicate if you wish to audit or for credit
_____	_____	_____	_____	_____	<input type="checkbox"/> Audit <input type="checkbox"/> Credit
_____	_____	_____	_____	_____	<input type="checkbox"/> Audit <input type="checkbox"/> Credit

I hereby acknowledge that I will abide by the policies and procedures outlined in the Student Handbook, including the Student Code of Conduct and Honor Code and I will comply with HIPAA regulations.

_____ / ____/____
Student Signature *Date*

SECTION 2: DEAN OF PROGRAM OR ASSOCIATE DEAN

Student has permission to audit or take for credit the above course(s). Please provide transcripts verifying prerequisite course work.

Student has received a Student Handbook *Student Signature:* _____

Prerequisites met on: _____

Dean/Assoc. Dean's Signature: _____ *Date:* ____/____/____

SECTION 3: INSTRUCTOR

Student has permission to audit or take for credit the above course(s).

Signature: _____ *Date:* ____/____/____

SECTION 4: ADMISSIONS

Must complete and submit the following requirements with registration form:

**Please see Student Life if you have been enrolled at NUNM within the last twenty-four months.*

Proof of Immunizations submitted on: _____ Release of Information submitted on: _____

Proof of TB testing submitted on: _____ Background check requested on: _____

Signature of Admissions Officer: _____ *Date:* ____/____/____

SECTION 5: REGISTRAR

Verified space available

Student registered in SONIS, notified of schedule and total tuition due

Signature: _____ *Date:* ____/____/____

PLEASE RETURN COMPLETED FORM TO:

NUNM Office of Admissions
 049 SW Porter Street
 Portland, OR 97201

Questions? Contact:

P 503.552.1660
 F 503.499.0027
 admissions@nunm.edu

Completed registration forms will be forwarded to the Registrar's Office.