Oregon Institute of Technology

Hands-on education for real-world achievement

RE-ENROLLING AND UPDATE APPLICATION FORM

FOR CAMPUS PROGRAMS, SUBMIT APPLICATION TO:

Admissions Office
Oregon Institute of Technology
3201 Campus Dr., Klamath Falls OR 97601
Ph: 541-885-1150 | Toll free: 1-800-422-2017, ext. 1
Fax: 541-885-1024

FOR ONLINE PROGRAMS, SUBMIT APPLICATION TO:

Distance Education Office
Oregon Institute of Technology
3201 Campus Dr., Klamath Falls OR 97601
Toll free: 1-866-497-0008
Fax: 541-885-1139

1. Please indicate your purpose in completing this form.

☐ Re-Enrolling – I wish to re-enroll at OIT
(For former OIT students who were previously fully admitted, completed classes and who have not been reenrolled for four or more terms)

☐ Update – I wish to update an earlier application for admission
(For those who previously applied for full admission to OIT within the last two years but did not enroll)

2. I plan to enroll at the following OIT campus location:

☐ OIT main campus, Klamath Falls
☐ OIT Portland
☐ Distance Education Online Degree or Degree Completion

3. Planned term and year of enrollment at OIT:

☐ Fall (September) 20____   ☐ Winter (January) 20____   ☐ Spring (March) 20____   ☐ Summer (June) 20___

INTENDED MAJOR

☐ Allied Health Management
☐ Biology
☐ Civil Engineering
☐ Communication Studies
☐ Computer Engineering Technology
☐ Dental Hygiene/**Pre-Dental Hygiene**
☐ **Distance Education (totally online)**
  o Allied Health Management
  o Dental Hygiene
  o Echocardiography
  o Information Technology
  o Operations Management
  o Polysomnography
  o Radiologic Science
  o Respiratory Care
  o Vascular Technology
☐ Electrical Engineering

☐ Electronics Engineering Technology (Portland only)
☐ Embedded Systems Engineering Technology
☐ Environmental Science
☐ Geomatics
  o Geographic Information Systems
  o Surveying
☐ Health Sciences
☐ Information Technology
  o Accounting
  o Applications Development
  o Business/Systems Analysis
  o Health Informatics
☐ Management
  o Accounting
  o Entrepreneurship/Small Business Management

o Marketing
☐ Manufacturing Engineering Technology
☐ Mathematics, Applied
☐ Mechanical Engineering
☐ Mechanical Engineering Technology
☐ Medical Imaging Technology/**Pre-MIT**
  o Diagnostic Medical Sonography
  o Echocardiography
  o Nuclear Medicine Technology
  o Radiologic Science
  o Vascular Technology
☐ Nursing/**Pre-Nursing** (through OHSU)
☐ Operations Management
☐ Psychology, Applied
☐ Renewable Energy Engineering/**Pre-REE**
☐ Respiratory Care/**Pre-Respiratory Care**
☐ Software Engineering Technology
☐ Undecided/General Studies

4. Social Security Number: _____/_____/_____
   Read the disclosure statement in the Certification & Authorization Section later in this form.

5. Oregon Student Secure Identification (SSI) number: _____

6. Legal Name: _____

                   Last   First   Middle

7. Other name(s) that may appear on your academic records: _____

8. Preferred first name: _____

9. Mailing Address: _____

   City: _____ State: _____ Zip: _____

10. Permanent address (if different from mailing address): _____

   City: _____ State: _____ Zip: _____

11. Phone number: _____-_____ 12. Email:_____

13. Gender (optional): ☐ Female   ☐ Male

14. Date of birth (mo-day-yr): _____

15. Are you a citizen of the United States? ☐ Yes   ☐ No   16. If not, are you a U.S. Permanent Resident? ☐ Yes ☐ No

17. To comply with federal statistical reporting requirements, Oregon Institute of Technology must ask for the following demographic information. We encourage you to provide the information, but doing so is entirely voluntary, and your application will receive the same consideration whether or not you do. Please answer both questions.

   Are you Hispanic or Latino?
   ☐ Yes
   ☐ No

   What is your race? Please choose one or more:
   ☐ American Indian or Alaska Native
   ☐ Asian
   ☐ Black or African American
   ☐ Native Hawaiian or other Pacific Islander
   ☐ White (original peoples of Europe, the Middle East or North Africa)

18. If you attended OIT previously, please complete the following questions:

   Last year/term attended: _____ Major when last at OIT: _____

19. List every college or university you have attended or are currently attending or from which you will receive credit (including OIT or any international institution*). Have official academic transcripts from each school sent directly to the OIT admissions Office. Failure to list all institutions attended may result in denial of admission or in disciplinary action. You must contact all of these institutions to request official transcripts and have them sent directly to OIT Admissions. **For online programs, send transcripts to the OIT Distance Education office, 3201 Campus Drive, Mailstop BH, Klamath Falls OR 97601.**

Institution	Location (City, State)	Dates of Attendance (From: Mo/Yr – To: Mo/Yr)	Number of Credits/Degree Received

International transcripts must be translated to English and into US standards by an approved transcript evaluation service. A list of approved services is available online at www.oit.edu/international.

20. Are you claiming tuition classification as an Oregon resident? ☐ Yes   ☐ No

If you answer "yes", complete the next section. OIT will be unable to grant Oregon residency unless you complete the following section. Your application process will be delayed without this information.

OREGON RESIDENCY

If you are claiming Oregon residency, completion of all parts of this section is required. Failure to do so may result in your classification as a non-resident. If you are under the age of 24, you must complete the parent/guardian information. Additional information or documentation may be required later.	Your Information	Your Parent's Information (if you are under the age of 24) This person is my: ☐ Mother ☐ Father ☐Guardian
21. Dates of most recent continuous presence in Oregon:	From: Mo/Yr To: Mo/Yr	From: Mo/Yr To: Mo/Yr
22. Original date of Oregon driver's license	Mo/Yr ☐ None	Mo/Yr ☐ None
23. Dates of military service	From: Mo/Yr To: Mo/Yr ☐ Not Applicable	From: Mo/Yr To: Mo/Yr ☐ Not Applicable
24. Did you enter military service from Oregon?	☐ Yes ☐ No	☐ Yes ☐ No
25. List the last two years you have filed Oregon income taxes	/	/

Employment Information for Oregon Residency

26. Student information

Most recent employer	City/State	From: Mo/Yr	To: Mo/Yr

Previous employer	City/State	From: Mo/Yr	To: Mo/Yr

27. Parent/Guardian information

Most recent employer	City/State	From: Mo/Yr	To: Mo/Yr

Previous employer	City/State	From: Mo/Yr	To: Mo/Yr

CERTIFICATION AND AUTHORIZATION

Your signature is required. Without your signature, this application cannot be processed.

SSN Disclosure and Consent Statement. OIT is required to obtain your Social Security Number (SSN) in order to file certain returns with the Internal Revenue Service (IRS) and to furnish a statement to you. The returns that OIT must file contain information about qualified tuition and related expenses. Privacy Act Notice: Section 6109 of the Internal Revenue Code requires you to give your correct SSN to persons who must file information returns with the IRS to report certain information. The IRS uses the SSN for identification purposes and to help verify the accuracy of your tax return. For more information, refer to IRS code 60F0S.

You will be assigned a student ID number other than your SSN to use while attending OIT. Your signature certifies the accuracy and completeness of the information provided and must be provided before the form can be processed.
My signature at the end of this form authorizes OIT and the Oregon University System (OUS) to use my SSN for tracking and statistical purposes as outlined in the OUS Disclosure and Consent Statement appearing on the OIT website.

I certify that I have provided complete and accurate statements on this application. I understand that if it is found to be otherwise, it is sufficient cause for rejection or dismissal. I authorize the release of any information submitted by me in connection with this application to any person, corporation, association or government agency by OIT only to verify or explain this information.

SIGNATURE: _____ **DATE:** _____

If you're attending class on campus, return this complete form to: Office of Admissions, Oregon Institute of Technology, 3201 Campus Dr., Klamath Falls OR 97601-8801

If you're attending a totally online program, return this completed form to: Distance Education Department, Oregon Institute of Technology, 3201 Campus Drive, Mailstop: BH, Klamath Falls OR 97601.

Students with Disabilities: Oregon Institute of Technology is committed to accommodating the needs of students with disabilities whenever possible. Students with disabilities who anticipate needing accommodations should contact Disability Services, as early as possible in advance of enrollment to ensure timely provision of services. Questions may be directed to: Director for Disability Services, OIT, 3201 Campus Dr. Klamath Falls, OR 97601-8801. Email: access@oit.edu. Phone: 541-885-1129. Web: ww.oit.edu/ds. Alternate Format: This publication is available in alternate format for persons with disabilities. Please contact the Director of Disability Services at (541) 885-1129 or TTY (541-885-1072).

Oregon Institute of Technology does not discriminate on the basis of race, color, national origin, gender, mental or physical disability, age, religion, marital status or sexual orientation. The following office handles inquiries regarding this non-discrimination policy: OIT's designated Title IX/ADA/504 Coordinator, Ron McCutcheon at 541-885-1108 (TTY/TTD: 541-885-1072), or Room 108 of Snell Hall.

Revised: January 22, 2010 TG

Revised February 9, 2010 MM.