

APPLICATION/COURSE REGISTRATION



Gallaudet University
College of Professional Studies & Outreach
 800 Florida Avenue, NE, HMB S-141, Washington, DC 20002
 202.448-7272 (tty/v) 202.651.5987 (fax)
 summer@gallaudet.edu summer.gallaudet.edu

Applying for academic year 20 _____
 Semester
 Fall Spring Summer

Section I: Personal Information (Please type or print)

Name: _____
Title First Middle Last

Previous Name(s): _____

Home Address: _____
Street

City State Zip

Phone/Home: _____ Work: _____
 Voice TTY VP Voice TTY VP

Fax: _____

Check here if mailing address is same as above

Mailing Address: _____

Sex: M F Birthdate: _____ (mm/dd/yyyy)

Soc Sec #: _____ or Student ID #: _____

Last Degree Received:

High School Associates Bachelors
 Masters Doctorate

School: _____

Citizenship:

- USA/Native
- Permanent Resident
- Temporary Resident
- Other (please specify) _____

Note: All non-US citizens taking a class on campus must fill out USA Information Form

Hearing Status

- Deaf Hard-of-Hearing Hearing

Ethnicity Background (optional):

Are you Hispanic or Latino? Yes No

Select your race(s)

- American Indian/Native Alaskan
- Asian American
- Black/African American
- Hispanic/Latino
- Native Hawaiian/Other Pacific Islander
- White/Caucasian
- I prefer not to reply

Relationship with Gallaudet:

- Previously Attended
- Employee [Fac Staff] [Current Former]
- Current Full-time Student [UG Grad]
- Consortium
- Other _____

ASL Background:

- None Beginner
- Intermediate Advanced

Support Services Needed:

- Tactile Interpreting Mobility Aids
- Visual Aids Other _____

Section II: Registration Information

Instructions: Give the 3-letter, 5-digit code (example: EDU 795-01) listed to the left of each course title in the schedule of classes.

Course Number (Ex: PST 175-01)	Course Name	Credit Hour(s)	Start Date	Day(s)	Time	Tuition (If waived)

Section III: Signature (Applications will not be processed without required signatures.)

With my signature, I confirm that the information on this application is true and complete to the best of my knowledge and that it is my responsibility to read and abide all the rules and procedures as outlined by the College of Professional Studies and Outreach.

Signature: _____ Date: _____

E-mail: _____ (please type or print clearly)

PAYMENT INFORMATION



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Do not write in this box
ID# _____

Section IV: Payment (Full payment must accompany this form. If a third-party agency is paying on your behalf, official documentation must accompany your application. You will not be enrolled in your courses if you do not send full payment. The College of Professional Studies and Outreach will contact you via email if you miscalculate the total. Please keep in mind that this will delay your registration.)

FEES:

- Application Fee (\$30) \$_____ (\$30, waived for current Degree seeking students, Faculty & Staff)
- Tuition \$_____ (Refer to Course page)
- Materials/Lab/Test Fee \$_____ (Check Course description)
- Late Fee (\$50) \$_____ (for registrations received less than two weeks prior to start of class)
- \$_____ **Total Fee**

PAYMENT TYPE:

- Check # _____ Money Order # _____
- Interdepartmental Invoice # _____ Purchase Order # _____
- VR or Employer Authorization (completed paperwork must accompany this application)
- VISA Master Card American Express
- Card Number: _____ Expiration Date: _____ (mm/yy)
- Name on Card: _____
- Authorized Signature: _____
- Tuition Credit Tuition Waiver
- Currently Enrolled Full-time Gallaudet Student Faculty/Staff
- Graduate Undergraduate Consortium Student
- EmplID _____

Make check or money order payable to GALLAUDET UNIVERSITY and mail to it to Gallaudet to the address below.

Please check out website for changes and updates at cpso.gallaudet.edu

ASL QUESTIONNAIRE



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Please complete and return this form with your registration:

Full name: (please print) _____

1. Have you ever taken an American Sign Language course? Yes No Semester _____ Year _____

2. Did you take ASL classes at Gallaudet? No Yes

3. If you have not taken ASL classes, where did you take them? _____
(Name of school/program/facility, city and state)

4. When did you take your last American Sign Language course?
 Last semester Within the last year More than one year ago

5. Did any of your ASL classes use Vista American Sign Language Series – Signing Naturally? Yes No
(If you answered YES, please indicate the level(s) and unit(s) that you have completed)

<input type="checkbox"/> Level 1 (Units 1 -12)	<input type="checkbox"/> Level 2 (Units 13 – 17)	<input type="checkbox"/> Level 3 (Units 18 – 24)
<input type="checkbox"/> Completed units	<input type="checkbox"/> Completed units 13-17	<input type="checkbox"/> Completed units 18-24
<input type="checkbox"/> Units not completed: _____	<input type="checkbox"/> Units not completed: _____	<input type="checkbox"/> Units not completed: _____

6. What other textbooks or curriculum have you used in previous ASL classes?

<input type="checkbox"/> A Basic Course in American Sign Language (ABC book)	<input type="checkbox"/> American Sign Language (the original green books)
<input type="checkbox"/> Learning American Sign Language	<input type="checkbox"/> Master ASL
<input type="checkbox"/> Other: _____	

7. To the best of your ability, please rate your level of signing skills below. The level you check will help you determine for which level of ASL to register. Your ASL class level may be changed by the department based upon information received on your Questionnaire, screening during orientation, or by your instructor on the first day of class.

<input type="checkbox"/> Little or no sign language skills. (Register for ASL I)
<input type="checkbox"/> Able to communicate using two or three signs together to talk about self, family, etc. Able to ask simple questions and make requests, but receptive skills are limited. (Register for ASL II)
<input type="checkbox"/> Able to communicate on a more comfortable but limited level. Able to comprehend and produce longer dialogues and exchange personal information. (Register for ASL III)
<input type="checkbox"/> Able to comprehend and produce short- to medium-length narratives and dialogues. Able to discuss and describe situations related to family, work, hobbies, and home. (Register for ASL IV)
<input type="checkbox"/> Able to comprehend and produce intermediate to complex ASL grammatical features. Can incorporate common ASL expressions, medium length narratives, and discuss hypothetical issues. (Register for ASL V)
<input type="checkbox"/> Able to comprehend and produce complex ASL grammatical features and various types of discourse using appropriate register, advanced classifiers and storytelling. (Register for ASL VI)

8. Please describe any additional information about your signing abilities (please limit your answer to 150 words):

STUDENT'S MEDICAL HISTORY FORM



Gallaudet University
Peter J. Fine Student Health Services
 800 Florida Ave, NE, Washington, DC 20002-3695
 (202) 651- 5090 v/tty (202) 651- 5743 fax

SHS Use Only
Reviewed by: _____
Date: _____

All students, attending classes on campus and online students living in MD, DC, or VA ,must provide a completed Medical History and TB Risk Assessment Form regardless of age. Students that are over the age of 26 are NOT required to have immunizations. However, tetanus/ diphtheria is strongly recommended. Students under **the age of 26** must also show proof of the following immunizations:

- MMR (measles, mumps, and rubella)
- Hepatitis B Series (3 doses)
- Varicella (chickenpox) (2 doses)
- Hepatitis A Series (not required but recommended)
- Tetanus/Diphtheria (within the last 10 years)
- Polio
- Meningitis (Meningococcal)

Name: _____ Date of Birth: _____ (mm/dd/yyyy)

Title First Middle Last

Place of Birth: _____ Sex: M F Religion: _____

City State/Province

Marital Status: M S W D Sep Social Security #: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Phone/Home: _____ Student I.D. Number: _____ Email: _____

Voice TTY VP

List the names, addresses, and phone numbers of two people who should be notified in case of emergency.

#1 Name: _____ Relationship: _____

#2 Name: _____ Relationship: _____

Full Address: _____

Full Address: _____

Phone Numbers: Home _____

Phone Numbers: Home _____

Voice TTY VP

Voice TTY VP

Work _____

Work _____

Voice TTY VP

Voice TTY VP

Email/Pager: _____

Email/Pager: _____

TO BE COMPLETED AND SIGNED BY YOUR HEALTH CARE PROVIDER (if under 26 years of age)

IMMUNIZATIONS	Original Series (Full Dates)	Booster (Full Dates)	Booster (Full Dates)	Booster (Full Dates)
Tetanus/Diphtheria				
Measles, Mumps, Rubella (MMR)				
Varicella (chicken pox)				
Hepatitis B Series				
Hepatitis A Series				
Meningitis				
Polio				

TUBERCULOSIS TESTING	Date	Result and Date	Date	Result and Date	Date	Result and Date
Tuberculin Mantoux (PPD 5 TU)						
Chest X-Ray (if PPD Positive)						

Signature: _____ Print Name: _____ Title: _____ Date: _____

Address: _____ Phone: () _____ Fax: () _____

Return this form to the Peter J. Fine Student Health Center prior to the start of your class.

TUBERCULOSIS RISK ASSESSMENT FORM



Gallaudet University
Peter J. Fine Student Health Services
800 Florida Ave, NE, Washington, DC 20002-3695
(202) 651- 5090 v/tty (202) 651- 5743 fax

SHS Use Only

Reviewed by: _____

Date: _____

Name: _____

SSN: _____

The Centers for Disease Control and Prevention and the United States Public Health Service recommend that tuberculosis skin testing be performed on all individuals who may be at increased risk of tuberculosis. This risk may be as a result of a medical condition or previous residence in a country with an increased prevalence of tuberculosis.

Please complete the following form completely. Place a check mark in the box in front of the section if any item in the section is true for you. IF YOU CHECK ONE OF THE BOXES IN SECTIONS 1-4, YOU ARE REQUIRED TO HAVE A TUBERCULOSIS (PPD) SKIN TEST.

Check the box at the bottom of the page if sections 1-4 do not apply to you. Sign and date the form at the bottom. If you are under 18 years of age, your parent or guardian will need to sign the form.

- Section 1: Check this box if you have any of the following Possible Symptoms of Tuberculosis:
- Unexplained weight loss
 - Unexplained elevation of temperature for more than one week
 - Unexplained night sweats
 - Unexplained persistent cough for more than 30 weeks
 - Unexplained cough productive of bloody sputum
- Section 2: Check this box if you have any of the following Risk Factors for Tuberculosis Infection:
- Close contact with a known case of active tuberculosis
 - Use of illegal injected drugs
 - HIV (Human Immunodeficiency Virus) Infection
 - Health Care Worker
 - Resident or employee in a congregate living setting (nursing home, homeless shelter, correctional facility)
- Section 3: Check this box if you have any of the following Risk Factors for Tuberculosis Disease:
- diabetes mellitus
 - lymphoma, leukemia or cancer of the head, neck or lung
 - silicosis
 - gastrectomy or rejuvo-ideal by pass
 - long-term immunosuppressive therapy
 - greater than 10% below ideal body weight
- Section 4: Check this box if, in the last years, you have lived or traveled for 30 days or more to any of the following AREAS with a High Prevalence of Tuberculosis as defined by the Whole Health Organization and the state health department:
- Africa - all countries
 - Asia/Southeast Asia/Pacific Islands - all countries
 - North, Central & South American - Argentina, Bahamas, Belize, Brazil, Costa Rica, Columbia, Dominican Republic, Ecuador, El Salvador, Guatemala, Guyana, Haiti, Honduras, Mexico, Nicaragua, Panama, Paraguay, Peru, Suriname, Venezuela
 - Europe - Belarus, Bosnia, Herzegovina, Bulgaria, Croatia, Estonia, Hungary, Latvia, Lithuania, Macedonia, Moldova, Poland, Portugal, Romania, Russian Federations, Serbia, Slovak Republic, Slovenia, Ukraine, Yugoslavia
 - Middle East - Bahrain, Iran, Iraq, Israel, Jordan, Kuwait, Lebanon, Oman, Qatar, Saudi Arabia, Syrian Arab Republic, Turkey, Yemen
- No, none of the items listed in section 1 - 4 apply to me.

Student Signature (Parent Signature if student under 18 years of age)

Date

VISA INFORMATION (FOR INTERNATIONAL STUDENTS ONLY)



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International students interested in coming to the United States and taking courses at Gallaudet University must complete this VISA Information Form. The completed form must accompany your registration materials. A B-1/B-2 Tourist Visa that is annotated for a short course of study allows you to visit the USA and participate in a course, workshop, or other training event while you are here. If, however, you are interested in attending Gallaudet University to obtain a degree or certification, you must have an F-1, J-1 or permanent residency status.

Due to the time constraints in processing I-20s or DS-2019s, applications must be received in our office before April 30. If you already have an F-1, J-1 or permanent residency status, we must have your application at least 3 weeks prior to the start of your class. It is important to note that payment must be sent in full (international money order payable to Gallaudet University or by wire transfer) before an I-20 or DS-2019 can be processed. If you already have

a Visa or a green card, you must submit a copy with your application.

The Visa Waiver Program (WVP) allows citizenship of some countries to travel to the U.S. for business or pleasure for up to 90 days without obtaining a B-1/B-2 visa stamp. You must ensure that your WVP is annotated for a short course of study if you plan on participating in a short course, workshop or training.

A confirmation letter will be sent to you upon approval of your application. The letter is your proof of enrollment. If you do not receive a letter in response to your application, contact the College of Professional Studies and Outreach at 202.448.7272 or email cpro@gallaudet.edu. Once you arrive on campus, you must stop by the Center for International Programs and Services, located in the Hall Memorial Building (HMB) E254, prior to attending class. Only individuals arriving at Gallaudet University with the proper student visa will be allowed to attend classes and/or stay on campus.

This form should be completed by all non-U.S. citizens and non-U.S. permanent residents and included with your course application/registration materials.

In order to issue the I-20 Certificate of Eligibility or DS-2019, students must:
- be accepted to Gallaudet University as a matriculated (degree-seeking) or non-degree student.
- submit proof of financial ability.

Section I: Personal Information

Full Legal Name: as indicated on your passport, if you have one

Last Name (Family/Surname): _____ First Name: _____

E-mail Address: _____ Native Language: _____

Residency Status

Country of Birth: _____ Country of Citizenship: _____

Date of Birth: _____ (mm/dd/yyyy) Sex/Gender: Female Male

Section II: Visa Information

F-1 (I-20) J-1 (DS-2019) Permanent Resident Another status (Please specify: _____)

Will you request Gallaudet University to issue the I-20 Certificate of Eligibility or DS-2019? YES NO If yes, F-1 or J-1?

If you already have your visa, your status is:

F-1 (I-20) _____ J-1 (DS-2019) B-1 B-2 Permanent Resident
 Other status (please specify) _____ Expiration date: _____

Enclose copies of your passport and Visa Stamp in Passport, I-94 Card (both sides), I-20 Form or DS-2019 Form or U.S. Permanent Resident card (both sides) or other immigration document(s).

Section III: Student's Acknowledgement of Understanding

A non immigrant B-1 or B-2 visitor or F-2 dependent is prohibited by U.S. law from pursuing "a course of study." A course of study is considered to be a focused program of classes, leading to a degree or certification. A single, short-term class that is not the primary purpose of the visitor's presence in the United States, would not constitute "a course of study."

If you have a B-1, B-2, or F-2 visa, you acknowledge that you are not seeking to obtain a degree or certification and that it would be a violation of your non immigrant status to begin a course of study, and that you are fully responsible for complying with the terms of your non immigrant status.

Please sign below to acknowledge that you have read the above statement and that the information you have provided in this document is correct and complete. You also understand that if you are without a visitor or student visa or Form I-20/DS-2019, you cannot register as a student at Gallaudet University.

SIGNATURE _____ DATE _____

ADD/DROP



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Office Use Only
Date received: _____
Date Entered: _____
Initials: _____

Name: _____

ID# _____

DROP				
Dept.	Course #	Section #	Course Title	Credit Hours

ADD				
Dept.	Course #	Section #	Course Title	Credit Hours

Student's Signature

Date

Instructor's Signature (when applicable)

Date

USE THIS FORM UP THROUGH THE FIRST WEEK OF CLASS ONLY

WITHDRAW (FOR COURSES IN THIS CATALOG ONLY)



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Name: _____

ID# _____

WITHDRAW

Dept.	Course #	Section #	Course Title	Credit Hours

Student's Signature

Date

Instructor's Signature (when applicable)

Date

NO REFUNDS FOR WITHDRAWALS.

A GRADE OF "WD" WILL SHOW UP ON YOUR TRANSCRIPT.