APPLICATION/COURSE REGISTRATION

Gallaudet University
College of Professional Studies and Outreach
HMB 141 S, 800 Florida Avenue, NW, Washington, DC 20002
202.448.7272 (tty/v) 202.651.5987 (fax)
cpso@gallaudet.edu cpso.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: _____-_____-_____

Soc Sec #: _____ _____ _____ or Student ID #: _____

Email: _____

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 a VISA Information Form

Hearing Status:
☐ Deaf ☐ Hard-of-Hearing ☐ Hearing

Ethnicity Background (optional)
☐ American Indian/Native Alaskan
☐ Asian
☐ Black/African-American
☐ Hispanic/Latino
☐ Native Hawaiian/Pacific Island
☐ White
☐ Other _____
☐ 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 (even 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: _____

Email: _____ (please type or print clearly)