

1. Please indicate your purpose in completing this form.
 - "Re-Enrolling" - I wish to re-enroll at OIT.
(This means you are a former OIT student who was previously fully admitted to OIT and has not been enrolled for more than four terms.)
 - "Update" - I wish to update an earlier application for admission.
(This means that you previously applied for full admission to OIT within the last two years but did not enroll.)
2. Application for: Fall 20 _____ Winter 20 _____ Spring 20 _____ Summer 20 _____
3. I plan to attend the following OIT campus or site:
 - Klamath Falls Portland Other (please specify) _____
4. Intended OIT major: _____
5. Social Security Number _____ - _____ - _____ *(Please read the disclosure statement in the certification and authorization section.)*
6. Legal Name _____
7. Former Name(s) (if applicable) _____
8. Mailing address _____
City _____ State _____ Zip _____
9. Permanent address (if different than above) _____
City _____ State _____ Zip _____
10. Phone Number _____
11. E-mail Address _____
12. Gender (Optional) Male Female
13. Date of Birth _____
14. Are you a citizen of the United States? Yes No ***If not, are you a U.S. Permanent Resident?*** Yes No
If you are a U.S. Permanent Resident, attach a copy of your U.S. Immigrant status card.
 Of which country are you a citizen? _____
If you are not a US citizen or Permanent Resident, you will need to complete OIT's application for international students. Contact the Admissions Office for more information.
15. Ethnic Identity (Optional)
 The State University System must seek to identify the ethnic background of applicants in compliance with Federal reporting requirements. You are encouraged to supply this information but you may decline without in any way prejudicing your application.
 This voluntary information is to ensure equal opportunity under the Affirmative Action program.
 - W – White, Non-Hispanic A – Asian IA – American Indian or Alaskan Native
 - B – Black, Non-Hispanic P – Pacific Islander H – Hispanic
 - O – Other: _____
 - D – Decline Response
16. If you attended OIT previously, please complete the following questions:
 Last year/term attended _____ Major when last at OIT? _____
17. Please list all colleges you have attended since you last applied for admission to OIT. 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.) List them in the order they were attended.

Institution	City, State	Dates Attended				Credits Completed		Degree Received
		From		To		Semester Hours	Quarter Hours	
		Mo.	Yr.	Mo.	Yr.			

(Attach additional pages as necessary.)

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

If yes, completion of all questions in 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 also complete the parent/guardian information. Additional information or documentation may be required later.

	Your Information		If you are under 24, provide information for your (mark one) <input type="checkbox"/> mother <input type="checkbox"/> father <input type="checkbox"/> guardian	
Dates of most recent continuous presence in Oregon	From mo/yr	To mo/yr	From mo/yr	To mo/yr
Original date of Oregon driver's license	mo/yr	<input type="checkbox"/> None	mo/yr	<input type="checkbox"/> None
Dates of military service	From mo/yr	To mo/yr	From mo/yr	To mo/yr
	<input type="checkbox"/> Not Applicable		<input type="checkbox"/> Not Applicable	
Did you enter military service from Oregon?	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
List last two years you have filed Oregon income taxes	and		and	
List two most recent employers				
Student			Parent	
1. Employer Name	City	State	1. Employer Name	City
	From mo/yr	To mo/yr		From mo/yr
2. Employer Name	City	State	2. Employer Name	City
	From mo/yr	To mo/yr		From mo/yr

Certification and Authorization

Your signature will certify the accuracy and completeness of the information provided and must be provided before the form can be processed. OIT and its representatives on occasion take photographs for the College's use in print and electronic publications. This serves as public notice of the College's intent to do so and as a release to OIT of permission to use such images as it deems fit.

I certify that I have provided complete and accurate statements on this application. I understand that if it is found to be otherwise, this 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.

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 6050S.

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 web site.

Signature _____ Date _____

Return to: **Admissions Office
Oregon Institute of Technology
3201 Campus Drive
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 the Office of Services for Students with Disabilities, LRC 235, as early as possible in advance of enrollment to ensure timely provision of services. Questions may be directed to: Counselor for Students with Disabilities, OIT, 3201 Campus Drive, Klamath Falls OR 97601. Email: access@oit.edu.

Alternate Format: This publication is available in alternate format for persons with disabilities. Please contact the Director of Disability Services at (541) 885-1031 or TTY (541) 885-1072. Fax: (541) 885-1520. Email: access@oit.edu.

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