



Non-Degree Seeking Student Registration Form

- Application fee \$25 USD (non-refundable). Check payable to NCNM (Mail to NCNM 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 take 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 of Academic Progress

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's/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 NCNM 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: ____/____/____

Return completed form to: NCNM Office of Admissions | 049 SW Porter Street | Portland, OR 97201
PHONE: 503-552-1660 | FAX: 503-499-0027 | EMAIL: admissions@ncnm.edu

Complete registration form will be forwarded to the Registrar's Office.