

Change of Campus Form

I will be changing from the OSU-Corvallis Campus to OSU-Cascades Campus

I will be changing from the OSU-Cascades campus to OSU-Corvallis Campus

Effective for _____ term, 20_____

Applicants with Disabilities

If you have a physical or learning disability and need reasonable accommodation or information about services available, please contact Enrollment Services, OSU-Cascades Campus, 2600 NW College Way, Bend, OR 97701-5998. Phone: Voice 541-322-3100, TTY 541-383-7508.

Releases

Release Authorizations

- I authorize OSU-Cascades Campus and partner institutions to release to my parents or legal guardians information regarding my application, test scores, transcripts, and other supporting documents as they relate to my admission status for the term applied.
- I also authorize OSU-Cascades Campus and partner institutions to release application, academic, and test score information to respective academic departments for scholarship consideration for the term applied.

Release Notification

I understand and agree that OSU-Cascades Campus and its partner institutions will share/release information (financial and educational) between the institutions consistent with federal and state laws, on applied and admitted students. I understand that electronic data transmission may be done through the Oregon Student Assistance Commission.

Financial Aid Information

In order to receive financial aid you must file a Free Application for Federal Student Aid (FAFSA) and list FAFSA codes for all partner institutions at which you may take a course. In order to determine your financial aid eligibility all institutions will share enrollment information.

For scholarship consideration contact the Financial Aid and/or Scholarship office for your program; or for further information check the OSU-Cascades Campus website at www.osucascades.edu.

Student Conduct

Students enrolled at OSU-Cascades Campus will be held accountable to the conduct requirements and procedures of OSU and its partner institutions.

Certification

IMPORTANT: Your signature is required below. Without your signature your application is not complete and will not be processed.

I certify that I have provided complete and accurate responses to the items on this application. The documents I have provided are unaltered copies of the original documents. Further, I understand that admission or enrollment may be denied if any information is found to be incomplete or inaccurate. I authorize release of any information submitted by me in connection with this application to any person, firm, corporation, association, or government agency, but only to verify or explain information.

Signature (required) _____ Date _____

Please Print Name _____

Student ID # _____ Email Address _____

New Address _____

City _____ State _____ Zip _____

Optional: I authorize _____ to make inquires on my behalf during the application process.

Signature _____ Date _____

Please send completed form to: OSU-Cascades Campus
2600 NW College Way
Bend, OR 97701
Fax: (541) 383-7501