

SPECIAL STUDENT APPLICATION

"Special Students" are students taking courses at California Institute of Integral Studies (CIIS) without being enrolled in a degree or certificate program. Use this form to apply to CIIS as a Special Student, register for courses, and obtain the necessary permissions to do so. Submit the completed form with all required signatures to registrar@ciis.edu.

If you have any questions, contact registrar@ciis.edu or 415-575-6126.

Name and Address: (please print legibly)

				Soc	ial Security Number:		
				E-m	nail Address:		
				Pho	one:		
CIIS ID Number:				Assigne	ED BY REGISTRAR'S OFFICE		
Ethnicity/Race: check both Ethnicity (check one):				☐ Hispanic/Latino ☐ Not Hispanic/Latino			
check both Race (check all that apply):			☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American☐ Native Hawaiian or Other Pacific Islander ☐ White				
Educational	Backgro		Г				
		DEGREE/DIPLOMA	<u> </u>	SCH	OOL OR COLLEGE	DATE	
HIGH SCHOOL	or GED						
BACHELOR'S	DEGREE						
POST BACCALA	AUREATE						
responses, alt	_	optional, are appreciated an			e Institute's decision to accompany to the second of the s		
		ration: Fall Sprin			oral		
		_				Department/Program Chair)	
COURSE CODE			CREDITS	GRADE OPTION Check the		FACULTY SIGNATURE REQUIRED IF: • registering after add deadline • auditing • adding from waitlist	
		1		☐ Letter Grade ☐ Pass/No Pass ☐ Audit		- Caracanaga and a cara	
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				☐ Letter Grade ☐ Pass/No Pass ☐ Audit			

Spe	ecial Student Policies:
Che	eck each box below to indicate that you have read the following policies:
	Special Student registration does not constitute admission to CIIS. Students registered in Special Student status are not eligible to earn a degree or a certificate. Those seeking a degree or certificate must submit an <i>Application for Admission</i> .
	Should a Special Student later apply for and be admitted to a CIIS degree program, the maximum number of credit hours taker as a Special Student that may apply toward the degree's progression is limited to one-sixth of the credits required for the program
	Credit hours taken as a Special Student may not apply toward a certificate program.
	Students registered in Special Student status are not eligible for financial aid.
	Special Student status remains active for one semester. Special Students must re-submit the <i>Special Student Application</i> every semester that they intend to register.
	Special Students must have their registration approved by the chair of the department or program in which the course(s) are housed, and are encouraged to bring copies of transcripts to help establish eligibility for enrollment when meeting with the chair(s)
	Special Students must have earned a high school diploma or GED to eligible to take undergraduate courses, and this diploma/GED must be declared on the <i>Special Student Application</i> . Special Students may take <i>elective</i> undergraduate courses only, not courses required for undergraduate cohorts.
	Special Students must have earned a bachelor's degree to be eligible to take graduate courses, and this degree must be declared on the <i>Special Student Application</i> . Special Students may take graduate course in audit status without having earned a bachelor's degree if permission is given by the program director in which the course is housed.
	Special Students are required to be in satisfactory academic standing to enroll and to remain enrolled. Evidence of satisfactory academic sanding is determined in the following manner, and students who fail to meet them are not permitted to register:
	• Undergraduate students: No more than two of any of the following combination of grades: C-, D+, D, D-, F, NP, NS, I, IN, or AW.
	• Graduate students: No more than two of any of the following combination of grades: B-, C+, C, C-, D, F, NP, NS, I, IN, or AW.
Vei	ification of Eligibility:
<u>Init</u>	ial in front of each statement below to verify its authenticity:
	The information I have provided is correct in all respects.
	I agree to comply with all of the policies in the CIIS catalog and on this application.
	For graduate courses: I possess a bachelor's degree from a regionally accredited institution. (Students with academic credentials from a foreign country must possess the equivalent of a U.S. 4-year bachelor's degree.)
	For undergraduate course: I am a high school graduate or GED recipient. (Students with academic credentials from a foreign country must possess the equivalent of a U.S. high school diploma.)
	I have met all of the academic prerequisites for the course(s) I am taking.
Sig	nature: Date:
Cali relig stat pro As	tement of Nondiscrimination: fornia Institute of Integral Studies (CIIS) does not discriminate in its educational programs or services on the basis of race, color gion, religious creed, ancestry, national origin, age (except for minors), sex, marital status, citizenship status, military services us, sexual orientation, medical condition (cancer related or genetic related), disability, gender identity, and any other status tected by law. CIIS will implement reasonable accommodation of qualified individuals with disabilities to the extent required by law an educational community, we seek cultural, ethnic, racial, and gender diversity, as we believe it improves the educational erience at the University. Any person having a complaint should contact the Office of Diversity and Inclusion at odi@ciis.edu.

DATE REQUEST

BUSINESS OFFICE USE ONLY:

REG:

DATE PAID:

BY:

DATE FORM

RECEIVED:

REGISTRAR'S OFFICE USE ONLY:

HOLD(S)? □No □Yes:

□Business □Registrar □Library PROCESSED:

CREDIT CARD PAYMENT AUTHORIZATION

Use this form to authorize the Business Office to charge a credit card toward a student's balance. Submit it to:

Business Office, 1453 Mission Street, room 405, San Francisco, CA 94103 Fax: 415-575-1267

For assistance, contact businessoffice@ciis.edu or 415-575-6132.

	Card Number	
		. Date:/
		1 Back of Card:
	Daytime Phone:	
I permit California Institute of Integral to make a following student's account:	one-time charge in the amount of \$	toward the
Student Name:	CIIS ID Number:	
Cardholder's Signature:		Date:
BUSINESS OFFICE USE:		
DATE PAYMENT PROCESSED:	Rv·	BUS: 10/24/-