Special Status Application and Registration

This application is for:

_____  Summer 2010 **Human Anatomy (lecture/lab)
Date: May 31, 2010 – June 18, 2010
Time:  Lecture M-F, 8:30 a.m. to 10:30 a.m.;
Lab M-F, 10:45 a.m. to 1:45 p.m.

_____  Summer 2010 **Human Physiology (lecture/lab)
Date: May 31, 2010 – June 18, 2010
Time:  Lecture M-F, 2:00 p.m. to 4:00 p.m.;
Lab M-F, 4:15 p.m. to 6:45 p.m.

_____  Summer 2010 Pharmacology
May 17, 2010 – July 25, 2010

_____  Summer 2010 *Pathophysiology
May 17, 2010 – July 25, 2010

**This is a hybrid course with work being done online, at home and on campus. All on
 campus meetings are mandatory. Students must have access to a PC and the internet.

*Please note that successful completion of Anatomy, Physiology, and Microbiology are
required prerequisites. Please indicate where you have completed these courses.

Anatomy:

<table>
<thead>
<tr>
<th>Course Name/Number</th>
<th>College</th>
<th>Date</th>
<th>Units</th>
<th>Grade</th>
</tr>
</thead>
</table>

Physiology:

<table>
<thead>
<tr>
<th>Course Name/Number</th>
<th>College</th>
<th>Date</th>
<th>Units</th>
<th>Grade</th>
</tr>
</thead>
</table>

Microbiology:

<table>
<thead>
<tr>
<th>Course Name/Number</th>
<th>College</th>
<th>Date</th>
<th>Units</th>
<th>Grade</th>
</tr>
</thead>
</table>

Directions:
1. Complete this application.
2. Submit a non-refundable, $35 application fee, checks payable to Samuel Merritt
   University.
3. Admission is for this course(s) only and is not indicative of future admission to a
   Samuel Merritt University program.
4. Applications will be accepted on a first come, first served basis. Receipt of this paperwork is indicative that you want to enroll in this course(s) and assuming space is available, you will be considered enrolled and you will be billed the cost of the course ($480 per unit). You will be sent a class schedule by the Registrar’s Office.

**Please type or print clearly with a pen**

□ Male
□ Female

Name____________________________________________________________

Mailing Address _______________________________________________________________
Street Address

City     State    Zip

Email Address: _________________________________________________________________

Home Phone with area code ___________________________  Work Phone ___________________________

Cell Phone with area code ___________________________

Date of Birth _________________________Country of Birth____________________________

Are you a citizen or permanent resident of the U.S.? □ Yes □ No If not, what country?______

**OPTIONAL INFORMATION**

*The following information will not be used in the admission decision. It will be used for statistical purposes and planning.*

Q1. Do you consider yourself to be of Hispanic/Latino origin? [ ] Yes [ ] No
Q2. Which of the following best describes your race? Please check one or more races.

[ ] American Indian or Alaska Native
[ ] Asian
[ ] Black/African American
[ ] Native Hawaiian
[ ] White

**EMERGENCY CONTACT INFORMATION**

Person to notify in case of an emergency_____________________________________________________

Home Phone_(____)_________________  Work Phone ___________________________
EDUCATIONAL BACKGROUND

Baccalaureate received from__________________________ Date_______________________
Location__________________________________________ Major_______________________________

Last School attended_____________________________________________________________________
Location_______________________________________________________________________________

Have you ever been convicted of a felony?  □ Yes  □ No  If so, explain on a separate sheet.

STATEMENT

Why do you want to take this class?
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

SIGNATURE

I certify that my statements are true and complete to the best of my knowledge. I understand that any misrepresentation or omission may be considered sufficient reason for refusal of this application.

Signature__________________________________________ Date___________________________

Return application and $35 non-refundable fee to:
Samuel Merritt University, Office of Admission, 370 Hawthorne Avenue,
Oakland, CA  94609