OHIO UNIVERSITY

College Program for the Incarcerated
COURSE REGISTRATION FORM

USE YOUR SHIPPING ADDRESS:

Correctional I.D.# _____ **Ohio University PID#** _____ **Date of Birth** _____

Last Name (Used by Facility) _____ **First Name** _____ **Middle Name** _____

Name of Correctional Facility _____

Street Address (if possible, do not use a P.O. Box) _____ **City** _____ **State** _____ **Zip Code** _____

Name and Title: _____ **Phone:** _____
Correctional Institution's Director or Supervisor of Education

Send course materials addressed to: ____ Student or ____ Director of Education

Under a Comprehensive Fee, you may enroll in Correspondence Courses totaling 6-20 hours. Courses taken as Course Credit by Examination are billed separately and should be indicated as CCE in the first column below:

***** LIST COURSES *****

Format (ISC or CCE)	Department and Number	Course Title	Hours	Office Use
EXAMPLE: *ISC*	*ENG 151*	*Writing and Rhetoric I*	*5*	

Does your facility - Allow UPS delivery? _____ (If not, delivery will be by US mail)

Require a copy of a paid invoice? _____ Require a list of course materials? _____

Please indicate which materials are NOT permitted in your facility (packages containing prohibited items will be returned to CPI and will delay the start of your courses):

_____ pens _____ calculators _____ paper ____ folders _____ hardback books _____ used books (For many courses, only used books are available)

Person to Be Billed -

_____
Name

_____
Address

_____
City, **State** **Zip Code**

_____
Phone Number (with area code)

Provide any required package authorization before payment is made.

FOR CPI OFFICE USE ONLY: Self-Pay_____ Enrollment Date: _____
Other _____ Study Guides Sent: _____
Invoice _____

2009