



OHIO
UNIVERSITY

Independent Study

**Course Enrollment
2009-2010**

Name

Ohio University PID#: _____ **FOR CONTINUING OR RETURNING STUDENTS** SSN#: _____ **ONLY IF YOU DO NOT HAVE AN OU PID#**

Name _____
LAST FIRST MIDDLE OTHER

Mailing Address _____
STREET CITY STATE ZIP

Telephone _____ Fax _____ E-mail _____
HOME WORK HOME WORK

Gender ___M ___F Birthdate ____/____/____ Place of Birth _____
YY MM DD city/state country (if not US)

Ethnic Background (this information is optional and will not be used for discriminatory purposes)

Are you Hispanic or Latino? Y N

Select one or more of the races below with which you identify. ___American Indian ___Alaska Native ___Asian ___Black or African American
___Native Hawaiian/Other Pacific Islander ___White

Ohio Resident ___Yes ___No If yes, County _____

US Citizen ___Yes ___No If no, country of citizenship _____

Occupation _____

Have you earned credit for any Ohio University course (1) at any OU campus or (2) through IS? If so, give your:

College _____ Campus _____ Class Standing _____
(ARTS & SCIENCES, BUSINESS, ETC.) (ATHENS, CHILLICOTHE, ETC.) (FR, SOPH, JR, SR)

| *Course Format (WWW, ISC, CCE, ISP) | Dept. and Course No. | Course Title | Pass/Fail? Y/N | **Replacement Credit? Y/N | Credit Hrs. | Study Guide Code (office use only) |
|--|----------------------|--------------|-------------------|------------------------------|----------------|---------------------------------------|
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*WWW = Web-based course; ISC = correspondence course; ; CCE = course credit by examination; ISP = independent learning project
** Are you enrolling in the course(s) to replace a previous grade from Ohio University? If so, please indicate "y" for the course(s) in the appropriate column above.
Ohio University students must secure permission slips from their academic deans to enroll in Independent and Distance Learning Courses. Permission slips are available in your college offices.

New September 8, 2009:
Add \$2.00 per credit hour (up to a maximum of \$22.00) to the tuition listed in the catalog. See the table at <<http://www.ohio.edu/finance/bursar/Student-Information-System-and-Network-Fee.cfm>>.

Tuition (see tuition listed with each course) _____



Optional Fees _____

TOTAL _____

Method of payment ___check or money order ___Visa ___Mastercard ___Discover
___ Fee Waiver (Name of eligible OU Employee _____ Relationship to you _____)

Credit card # _____ Expiration Date _____

Print name as shown on card _____

Cardholder signature _____

(Make check or money order payable to Ohio University. Students residing out of the United States should pay fees on a United States bank, payable in United States dollars. Bank drafts will not be accepted.)

please complete the reverse side of this form before sending

Do you plan to use veteran's benefits? ___Yes ___No If yes, have you provided proper documentation? ___Yes ___No
(see Veteran's section under "Program Essentials," page 7.) Provide your VA Claim Number C- _____

Do you plan to use Federal Financial Aid? ___Yes ___No (some payment is required at time of enrollment)

Are you in the Ohio University External Student Program? ___Yes ___No

Are you presently enrolled at any Ohio University Campus? ___Yes ___No

How did you learn about Independent and Distance Learning? ___Friend (A) ___Academic Advisor (B) ___Brochure, Mailer (C)
___Poster, Display (D) ___Internet, TV, Radio (E) ___Peterson's Independent Study Catalog or Distance Learning Guides (F)
___Newspaper, Magazine (specify) (G) _____ ___Other (H) ___Ohio Learning Network (I)

Previous Education

___ High School 9 10 11 12 Diploma/GED
___ College 1 2 3 4 Degree _____
___ Other Education _____

Purpose of Enrollment

___ college entrance requirement (A) ___ Ohio University degree credit (B) ___degree credit other institution (C) ___ teacher certification (D)
___ job eligibility or advancement (E) ___ personal satisfaction (F) ___ other (G)(specify) _____

In signing this application, you are responsible for all policies in the current Ohio University IDL Catalog. I certify that the information contained in this application is complete and accurate, and I understand that submission of inaccurate information can be considered sufficient cause for terminating my enrollment.

STUDENT'S SIGNATURE

DATE

Non-Ohio University Students Complete the Following

Are you presently enrolled at another school or college? ___Yes ___No

Do you plan to use the credit at another institution? ___Yes ___No If yes, where? _____

Are you a high school student? ___Yes ___No

If yes to any of the above questions, written permission from your academic dean, principal, or guidance counselor should be given below or sent by a separate letter to the Independent and Distance Learning office.)

SIGNATURE

TITLE

INSTITUTION

Mail to: Enrollment Clerk
Independent and Distance Learning
222 Haning Hall
Ohio University
Athens, OH 45701

Fax: Enrollment Clerk
Independent and Distance Learning
Ohio University
740-593-2901

Phone: 1-800-444-2910