Course Registration Form

Lifelong Learning
Ohio University
Haning Hall 222
Athens, OH 45701

College Program for the Incarcerated
Independent and Distance Learning

SHIPMENTS SENT UPS UNLESS U.S. MAIL REQUESTED

Date _____

_____ Correctional I.D.#

_____ Social Security Number

_____ Date of Birth

_____
Last Name 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

SEND COURSE MATERIALS VIA: _____ UPS or _____ U.S. Mail

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	Credit Hours

PROVIDE ANY REQUIRED PACKAGE AUTHORIZATION BEFORE PAYMENT IS MADE.

For CPI Office Use Only

Self-Pay _____
Other _____
Invoice _____

Enrollment Date _____
Study Guides Sent _____