Name: ____________________________________ Identification Number (PID): ____________________

Email Address: _____________________________ Phone Number: (_____) _______________________

Current College: □ A&S □ COB □ COM □ EDU □ ENT □ FAR □ HSP □ HTC □ RHE □ UNC
Current Campus: □ Athens □ Chillicothe □ Eastern □ Lancaster □ Southern □ Zanesville □ eCampus
Current Major Plan: ____________________________________________

Are you a current or re-enrolling OHIO student? □ YES □ NO

Are you intending to complete your OHIO degree through eCampus? □ YES □ NO

Is your major (current or planned) offered through eCampus? □ YES □ NO

If no, please contact your current college to determine if your degree can be completed at a distance.

Are you affiliated with a Community College Partner? □ YES □ NO

If yes, provide the name of the partner institution: __________________________________________

If no, do you plan to be an online student? □ YES □ NO

Are you incarcerated and enrolling through OHIO Correction Education? □ YES □ NO

Do you have a current student group you would like to have deactivated? □ YES □ NO

If yes, please check the group you wish to deactivate on your record.

□ Community College Partner □ Non-Degree Student
□ RN-BSN Academic Outreach Initiative □ Degree-Seeking Distance Learner
□ Incarcerated Student

I understand that I will be assigned an eCampus academic advisor.

I understand that by officially requesting the modification of my student record to reflect the student group information provided above, I give authority to eCampus to make the requested changes.

_________________________________________ Date
Student Signature

Send completed form to eCampus:
EMAIL: ecampus@ohio.edu FAX: 740.593.2901
POST: eCampus • Haning Hall 102 • 1 Ohio University • Athens, OH 45701

OFFICE USE ONLY
Date Processed: ________
Initials: ______________