



**Student Information:**

\_\_\_\_ New student (first enrollment)

\_\_\_\_ Continuing student

\_\_\_\_  
Correctional ID#

\_\_\_\_  
Ohio University PID#

\_\_\_\_  
Last Name (Used by facility)

\_\_\_\_  
First Name

\_\_\_\_  
Middle Name

\_\_\_\_  
Birth Date MM/YY

\_\_\_\_  
Name of Correctional Facility

\_\_\_\_  
Address\*

\_\_\_\_  
City

\_\_\_\_  
State

\_\_\_\_  
Zip

\*Check with your facility about whether the address provided should be the street address or a P.O. box number.

**LIST COURSES**

Format (PBC or CCE)	Department and Number	Course Title	Credit Hr	Office USE
EXAMPLE: PBC	ENG 1510	Writing and Rhetoric I	3	

PBC = Print-Based Course CCE = Course Credit by Examination

Check the course list for any course-specific materials.

**This box MUST be completed by facility representative (e.g. education director, supervisor, counselor).**

**Does your facility:** Require a copy of a paid invoice? Y\_\_ N\_\_ Require a list of course materials? Y\_\_ N\_\_

Require course materials addressed to: Student Name \_\_\_\_\_ OR Facility Representative \_\_\_\_\_

Delivery Method: USPS \_\_\_\_ UPS \_\_\_\_ (Materials will be sent UPS if no selection is made.)

Indicate below which materials are NOT permitted in your facility. Packages containing prohibited items will be returned to our office and will delay the start of courses.

Pens \_\_\_\_ Pencils \_\_\_\_ Calculators \_\_\_\_ Paper \_\_\_\_ Folders \_\_\_\_ Postage-paid envelopes \_\_\_\_ Music CDs \_\_\_\_ Music MP3 files \_\_\_\_

Hardback books \_\_\_\_ Used books \_\_\_\_ (Only used books are available for most courses.)

**Shipping address for course materials:**

Name: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Email address for approved electronic materials:** \_\_\_\_\_

The director or supervisor of education's signature is required to process this course registration. Forms submitted without an authorizing signature will be returned.

Name (print): \_\_\_\_\_ Signature: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Title: \_\_\_\_\_



Person(s) or organization to be billed:

Provide the person(s) or organization mailing address.

Name: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

NOTES:

- 1. Provide required package authorization from your facility before payment is made to avoid incurring additional shipping fee for packages that are refused at your facility.
2. If payment for tuition is received by the 21st day of the month, the student's effective start date will be the first day of the next month.

VA Benefits

Do you plan to use VA benefits? Y\_\_\_ N\_\_\_ If yes, please indicate the type by checking one of the boxes below.

- Chapter 30, 31, 32, 35, 1606 or 1607\*\* Chapter 33

\*\* If using Chapter 30, 31, 32, 35, 1606 or 1607 payment must be received in full prior to the course registration request being processed.

I acknowledge that I am requesting to be registered for the class(es) identified on the other side of this form. I further acknowledge my legal obligation to pay tuition and fees for the class(es).

Student signature

Date

Send completed form to Ohio University eCampus

FAX: 740.593.2901 | EMAIL: correctional@ohio.edu | POST: Ohio University Correctional Education Haning Hall 102 | 1 Ohio University | Athens, OH 45701

Ohio University Office Use Only

Office of Instructional Innovation

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_ Date sent to the Office of the Bursar: \_\_\_\_\_
Advisor signature

Office of the Bursar

Date received: \_\_\_\_\_ Invoice #: \_\_\_\_\_ Date sent: \_\_\_\_\_ Payment received date: \_\_\_\_\_

Payment Type: \_\_\_\_\_ Staff initials: \_\_\_\_\_ Date sent to the Office of the University Registrar: \_\_\_\_\_

Office of the Registrar

Date received: \_\_\_\_\_ Date processed: \_\_\_\_\_ By: \_\_\_\_\_
Staff initials

Date sent to the Office of Instructional Innovation: \_\_\_\_\_

Office of Instructional Innovation

Date received: \_\_\_\_\_ Student guide/materials sent date: \_\_\_\_\_ Sent by: \_\_\_\_\_
Staff initials