

Ohio University Southern Community Education REGISTRATION & ENROLLMENT



**Mail this completed
Registration Form to:**
Ohio University Southern
Community Education
1804 Liberty Avenue
Ironton, Ohio 45638
Attention: **Suzi Bloomfield**

**Do you wish to be on our
Community Education
email list?**
(Circle)
YES NO

First Name _____ MI _____
 Last Name _____
 Address _____
 City _____ State _____ Zip _____
 Telephone (H) _____ (C) _____
 Email _____

Course Title	Fee

**YOUR ENROLLMENT IS NOT GUARANTEED
UNTIL YOUR PAYMENT IS RECEIVED**

Total Due _____

OFFICE USE ONLY

Payment by: Check One Amount Collected \$ _____
 ___ Check Date _____
 ___ Money Order
 ___ Credit Card Officially Enrolled _____ By (Initial) _____

A full refund will be issued to all students if a class is cancelled. When you enroll in a class, you agree to pay the fee whether or not you attend. If you decide to withdraw from a class, you must do so within the designated period of at least 5 working days prior to the class start date. You will be issued a full refund. NO REFUND will be given for a class once it has started.

Student Signature _____ Date _____
 OHIO Employee Signature _____ Date _____