MIAMI UNIVERSITY

Lifelong Learning
Credit Workshop Registration Form

☐ Fall Term
☐ Spring Term
☑ Summer Term

Please note: All workshops are subject to cancellation due to low enrollment. We cannot process your registration without payment of fees. Fees are subject to change. **Withdrawal from a credit workshop must be done by 4:30 p.m. on the last business day before the start date of the workshop to receive a refund of fees.** Administrative fees are non-refundable.

Return this form with check payable to Miami University or credit card information to: Miami University, Lifelong Learning, 127 McGuffey Hall, 210 E. Spring St., Oxford, OH 45056; Phone: 513-529-8600; Fax: 513-529-8608; E-Mail: lifelearn@muohio.edu; Website: www.muohio.edu/lifelonglearning

Workshop Title Plants, Protists, & Fungi | **Workshop Dates** 6/21/10-7/1/10

Legal Name *(Place Jr., Sr., I, II, etc. after middle name)* Last First Middle | Previous Names if any | SSN or Banner ID

Mailing Address (Number and Street) | City | State | Zip Code

Phone Number | E-Mail Address | Date of Birth | Country of Citizenship

Ethnic Status *(This field is not required, but will aid our legal reporting obligations)*

1. Do you consider yourself to be Hispanic or Latino?
☐ Yes, Hispanic or Latino
☐ No

2. If you answered yes, which best describes your background:
☐ Mexico ☐ Other
☐ Puerto Rico

3. Regardless of you answer to the prior question, please select one or more of the following categories that best describes yourself:
☐ American Indian or Alaska Native ☐ Black or African American ☐ White
☐ Asian or Asian American ☐ Native Hawaiian or Other Pacific Islander

Sex
☐ Male
☐ Female

Ohio Residency *(Check all that apply)*

For the purpose of determining fees, students are classified as Ohio or non-Ohio residents. Please check the box below that accurately represents your current residency. In addition, you may be requested to submit a complete residency application with all required documents.

☐ I do not reside in Ohio (non-resident).
☐ I have lived in Ohio for at least 12 consecutive months prior to the enrollment and am not receiving any financial support from non-Ohio residents.
☐ I reside and am gainfully employed on a self-sustaining basis in Ohio and wish to pursue a part-time program
☐ I am on active duty in the United States military and am stationed and residing in Ohio, or I am a dependent of such a person.
☐ I am a dependent student with at least one parent or legal guardian residing in Ohio for at least 12 consecutive months prior to this enrollment.

NOTE: Ohio law requires that non-resident fees be assessed to male Ohio students who are between the ages of 18 and 25 and have not registered with Selective Service.

Educational Background *(Check all that apply)*

☐ I am currently enrolled in high school.
☐ I am currently enrolled in college at _____
☐ I attended college at _____ for the following dates _____
☐ I previously attended Miami University for the following dates _____

Graduate Course Credit

This admission is for credit workshops only. If you would like to take other graduate level coursework, contact the Graduate School for application and admission.
If you are not already admitted to the graduate school and wish to receive graduate credit, you must apply for Continuing Non-degree Graduate Standing (CGS).

☐ **I am enclosing $15 extra. Please use this form as my application for CGS admission.**

A bachelor's degree is required to receive graduate credit for this workshop.

Highest degree earned _____ Institution _____ Date degree earned _____

Workshop Credit

Check Desired Workshops

	CRN	Dept. Abbr.	Course Number	Section Letters	Credit Hours	Choose One: credit/ no credit	Choose One: grade	Comprehensive Fee	Administrative Fee	Resident Total Fees	Non-Resident Total Fees
☐	40901	BOT	699.A	MA	2	☐	☒	$894.00	$20.00	$914.00	$1482.00
☐						☐	☐				
☐						☐	☐				
☐						☐	☐				
☐						☐	☐				
☐						☐	☐				
☐						☐	☐				
☐						☐	☐				
☐						☐	☐				

Total Due: $

Have you ever been convicted of a criminal offense other than a minor traffic violation or are such charges currently pending against you at this time? ☐ Yes ☐ No

Have you ever been dismissed, suspended, or placed on probation for nonacademic reason by any secondary high school, college, or university (including suspension or dismissal under Ohio Rev. Code 3345.22 and .23, commonly called House Bill 1219)? ☐ Yes ☐ No

If you answer yes to either of these questions, you must submit a complete statement of explanation.

I certify that to the best of my knowledge the information given above is true and accurate. I understand that misrepresentation of facts on this application will be cause for refusal of admission, cancellation of registration, or dismissal from the University. In addition I agree that I am fully responsible for all fees associated with the above workshop(s).

Signature _____ Date _____ Instructor signature (if required) _____ Date _____

Method of payment

☐ Check (payable to Miami University)

☐ VISA or ☐ MasterCard Acct# _____ – _____ – _____ – _____ Exp Date _____ V code _____

Cardholder name (please print) _____ Day phone _____

Cardholder address _____ Zip code _____

Authorizing signature _____

Do you have other funding that covers payment of this workshop?

☐ Scholarship, if so what? _____

☐ Faculty/Staff Waiver ☐ Financial aid verified available through student financial aid

Rick Lee

Miami University: Equal Opportunity in Education and Employment