

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 Using Animals in the Classroom			Workshop Dates 6/16/10-7/2/10	
Legal Name (Place Jr., Sr., I, II, etc. after middle name) <small>Last First Middle</small>		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? <input type="checkbox"/> Yes, Hispanic or Latino <input type="checkbox"/> No	2. If you answered yes, which best describes your background: <input type="checkbox"/> Mexico <input type="checkbox"/> Puerto Rico <input type="checkbox"/> Other	3. Regardless of your answer to the prior question, please select one or more of the following categories that best describes yourself: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian or Asian American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or Other Pacific Islander	Sex <input type="checkbox"/> Male <input type="checkbox"/> 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				Choose One			Comprehensive Fee	Administrative Fee	Resident Total Fees	Non-Resident Total Fees	
	CRN	Dept. Abbr.	Course Number	Section Letters	Credit Hours	credit/no credit	grade					
Check Desired Workshops	<input type="checkbox"/>	34011	ZOO	698.H	MA	2	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$894.00	\$20.00	\$914.00	\$1482.00
	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>				
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