

SUMMER WORKSHOP REGISTRATION FORM

THIS FORM MAY BE DUPLICATED

This form can also be used to apply for continuing non-degree graduate status. See Block 6.

Return this form with payment to:

Please note: All workshops are subject to cancellation due to low enrollment. We cannot process your registration without payment of fees. Remember to include the \$5 Data Network Fee. Fees are subject to change.

**MIAMI UNIVERSITY
WORKSHOP REGISTRATION
OFFICE OF THE REGISTRAR
MIAMI UNIVERSITY
OXFORD, OHIO 45056**

Workshop Title _____ Workshop Dates _____

1	LEGAL NAME (Please place comma between names. Place Jr., Sr., II, III, etc. after middle name.) LAST _____ FIRST _____ MIDDLE _____	PREVIOUS NAMES (if any) _____	SOCIAL SECURITY NUMBER or BANNER ID _____												
2	MAILING ADDRESS STREET _____ CITY _____ STATE _____ ZIP CODE _____														
3	*ETHNIC STATUS <input type="checkbox"/> AI - American Indian/Alaskan Native AS - Asian <input type="checkbox"/> BL - Black/African Amer (not Hispanic) HS - Hispanic/Latino/Chicano <input type="checkbox"/> PI - Native Hawaiian/Pacific Islander WH - White (not Hispanic)	SEX <input type="checkbox"/> F -Female <input type="checkbox"/> M -Male	COUNTRY OF CITIZENSHIP _____ PLACE OF BIRTH CITY/STATE _____ DATE OF BIRTH _____												
4	DIVISION <input type="checkbox"/> AP - Eng. & App. Sci. AS - Arts & Science <input type="checkbox"/> BU - Business Adm. EA - Education & Allied Prof. <input type="checkbox"/> FA - Fine Arts IS - Interdisciplinary Studies	MAJOR _____	CLASS <input type="checkbox"/> _____ DEGREE SEEKING 01 - freshman 10 - master's 02 - sophomore 13 - second master's 03 - junior 14 - specialist 04 - senior 15 - doctorate 16 - master's/doctorate												
5	STUDENT TYPE <input type="checkbox"/> C - Continuing student (enrolled and completed courses last term) X - Transient student <input type="checkbox"/> R - Returning former student <input type="checkbox"/> U - Unclassified student	If you have attended Miami before, list dates: _____													
6	IF YOU ARE REGISTERING FOR A GRADUATE LEVEL COURSE (500 and above) and wish to receive graduate credit, you must have a valid admission to the Graduate School. If you are not already admitted and wish to be, check the appropriate box.	<input type="checkbox"/> I am enclosing \$15 extra. Please use this form as an application for Continuing Non-Degree Graduate Standing. I understand that if I apply for admission to a degree program at a later date I will have to provide official transcripts at that time.	<input type="checkbox"/> Send me degree information and an application. <input type="checkbox"/> Application has already been mailed and is in process.												
7	CHECK CREDIT STATUS DESIRED FOR EACH WORKSHOP										EDUCATIONAL BACKGROUND Highest Degree _____ Date Received _____ Institution _____ City and State _____				
	CRN	Department Abbreviation	Course Number Mod.	Section Letter(s)	Credit Hours	Symbol	Instructional Fee	General Fee	Surcharge	Data Network Fee	Graduate Application Fee	Ohio Resident = Total Fees	Non-Resident + Tuition	Non-Resident = Total Fees	SUBTOTAL DUE
<input type="checkbox"/> UNDERGRADUATE															
<input type="checkbox"/> GRADUATE															
PLACE AN X IN THE SYMBOL COLUMN ABOVE TO REGISTER WORKSHOP FOR CREDIT/NO CREDIT. LEAVE SYMBOL COLUMN BLANK FOR A LETTER GRADE.												Discover Card non-refundable surcharge	\$ 35.00		
8	ON-CAMPUS HOUSING INFORMATION —Check housing type desired, if available. If special housing accommodations are needed, please contact the Office of Disability Resources (voice/TDD) 513-529-1541										HOUSING PAYMENT SHOULD NOT BE SENT AT THIS TIME. Housing fees are payable at check-in by check or cash (credit cards are not accepted).				
<input type="checkbox"/> single (if available)	<input type="checkbox"/> I will accept a random roommate		Arrival date _____												
<input type="checkbox"/> double (indicate roommate below) roommate _____	<input type="checkbox"/> smoking <input type="checkbox"/> non-smoking		Departure date _____												
9	I certify that all the information given in this application is correct. If registering for graduate credit, I certify that I hold a bachelor's degree. I understand that any misrepresentation of facts may result in dismissal or the non-awarding of course credit without recourse or refund.										TOTAL DUE \$ _____				
Signature _____ Date _____										<input type="checkbox"/> My check or money order made out to Miami University is enclosed. <input type="checkbox"/> Charge Total Due to Discover Card Acct. number: _____ Cardholder name _____ Exp. date: _____ Cardholder day phone: _____ I understand there is a \$35 non-refundable Discover Card surcharge. Signature _____					