

Application for Academic Workshops



Last Name (Use Legal Name)	First	Mid. Initial	Former Name	Sex	Social Security No.
Home Address (No. & Street)			City	State	Zip
					Home Phone No (area code) (____) _____
County (Ohio only) _____		Date of Birth _____		State of Birth _____	
E-mail address _____					
Please CHECK one of the following: (Required for Federal Reporting by Civil Rights Act of 1964)					
<input type="checkbox"/> Native American <input type="checkbox"/> African American/Black <input type="checkbox"/> Asian American <input type="checkbox"/> Spanish /Latino <input type="checkbox"/> Caucasian/White American <input type="checkbox"/> NonRes./Alien					
Date Ohio Residence Established:			Permanent Residence Location		
Month _____ Day _____ Year _____					
Name of Employer			Work Phone Number		
<u>College Degree(s) Awarded (Including the University of Akron)</u>					
College or University	Location	Name of Degree		Major Field	Date Awarded
_____	_____	_____		_____	_____
_____	_____	_____		_____	_____
Please Check Level and Grade Type: <input type="checkbox"/> Graduate (500) <input type="checkbox"/> Credit/noncredit <input type="checkbox"/> Audit					
<u>Workshop Information</u>					
No.	Term	Title		Credits	Cost
(____) _____	_____	_____		_____	_____
<u>Payment Method</u>					
<input type="checkbox"/> Enclosed is a check payable to The University of Akron. I understand that my space in the course is not guaranteed until my payment is received by the registration/application deadline.					
<input type="checkbox"/> Please charge my <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover Name that appears on credit card _____					
Bankcard number _____ Expiration date _____					
<u>Refunds and Withdrawals</u>					
I understand that once I am registered for a workshop, I will remain registered unless I take action to cancel my registration prior to the end of the first day of the workshop. I understand that refunds will be based on The University of Akron's credit course refund policy and that no refund will be issued when my class time attendance exceeds 33.333% (www3.uakron.edu/registrar/feesche.html)					
Signature _____			Date _____		

I certify to the best of my knowledge the information herein is complete and accurate. I hereby grant permission to The University of Akron to seek and exchange any information with the secondary schools, colleges, or universities I have attended. I further authorize any such institutions to release any records or confidential information concerning The University of Akron. The university maintains a system of records, which has been in existence, and operating since 1968, and which utilizes the social security account number for purpose of verifying the identity of students. As required by law, The University of Akron does not discriminate on the basis of se