

PARTNERSHIP APPLICATION for Admission to the External Student Program

(For Degree-Seeking Students)

I. GENERAL INFORMATION

Name _____ SSN: _____
last first middle other

Mailing Address _____
street city state zip

Telephone _____ Fax _____ E-mail _____
home work home work

Ohio Resident Yes No If yes, County _____ US Citizen Yes No If no, country of citizenship _____

Gender M F Birthdate ____/____/____ Birthplace _____ Occupation _____
YY MM DD

Ethnic Background (this information is optional and will not be used for discriminatory purposes)

American Indian or Alaskan native (01) African American (02) Asian or Pacific Islander (03) Hispanic (04)
 White, Non-hispanic (05) Other (00) (identify) _____

Do you plan to use VA benefits? Yes No

If your transcript is in a name other than above, please specify _____

What degree are you interested in pursuing? BSS BTAS BSC

II. PREVIOUS EXPERIENCE

Name of last high school attended _____ Do you have a high school diploma? GED? Date Received _____

Have you previously applied for admission to Ohio University? Yes No If yes, date _____

Have you ever earned academic credit at Ohio University? Yes No If yes, give dates and explain _____

List all colleges and universities you have attended since high school; use additional paper if necessary. All transcripts from previous colleges and universities you have attended should be mailed from the institution directly to the address at the bottom of this page *even if the credit appears on another transcript.*

Institution	Location	Dates Attended	Credit Earned (indicate qtr. or sem hr.)	Degree Cert. or rating earned

III. PAYMENT

A nonrefundable external student application fee of **\$55** must accompany this application. **Your application will not be processed without this payment.**

(Make check or money order payable to Ohio University. Students residing out of the United States should pay fees on a United States bank, payable in United States dollars. Bank drafts will not be accepted.)

Method of payment check or money order Visa Mastercard Discover Fee Waiver

Credit card # _____ Expiration Date _____

Print name as shown on card _____ Cardholder signature _____

IV. PERSONAL RECORD

Please answer each of the following questions, even if the answer is "No."

Have you ever been dismissed or forced to withdraw from another college or university? Yes No

If yes, check reason academic disciplinary other

Have you ever been academically dropped from Ohio University? Yes No If yes, please explain _____

_____ Date Dismissed _____

I certify that the information in this application is complete and accurate, and I understand that submission of inaccurate information can be considered sufficient cause for terminating my enrollment.

Signature _____ Date _____

Please return materials to: Independent and Distance Learning, External Student Program, Ohio University, 222 Haning Hall, Athens, OH 45701