



ASHLAND UNIVERSITY
EVENING & WEEKEND
REGISTRATION FORM

Evening Weekend Program
 Ashland University
 200 Founders Hall
 401 College Avenue
 Ashland, Ohio 44805
 Fax: 419-289-5939
 www.ashland.edu/

Present Date _____ (Mo.) (Day) (Year) Circle: Fall Spring Summer
 Name _____ (Last) (First) (Middle) Social Security No. _____

Home Address _____ (No.) (Street) (City) (State) (Zip) (County)

Home Telephone _____ (Area) (Number) Male Female U.S. Citizen Yes No

Home or Work
 Email _____

Ethnic Origin (optional) Circle all those that apply:
 American Indian/Alaska native Asian Black/African American
 Hispanic/Latino White Native Hawaiian/Pacific Islander

Place of Employment _____

Business Address _____ (No.) (Street) (City) (State) (Zip)

Business Telephone _____ (Area) (Number) Position _____

Dept.	Course No.	Section	Cr. Hrs.	Day/Time	Course Title

CHECK APPROPRIATE ITEMS AND COMPLETE:

- A. This is my first registration at Ashland University.
- B. Previously attended Ashland University (Session _____, Year _____)
- C. New Address/Telephone/Place of Employment

TUITION PAYMENT PLANS (PLEASE CHECK ONE) Tuition for 2008-09 School Year: \$427 per credit hour x 3 = \$1,281

- Check Amount \$ _____ Check No. _____
- VISA Number _____ Exp. Date _____
- Mastercard Number _____ Exp. Date _____
- Discover Number _____ Exp. Date _____
- American Exp. Number _____ Exp. Date _____
- Financial Aid Amount Charged \$ _____
- AMS - Academic Management Services
- State Voucher
- Corporate Reimbursement (see below)
- Tuition Waiver

Student's Signature _____ Date _____

CORPORATE REIMBURSEMENT TUITION DEFERMENT OPTION (to be completed each semester)

This section must be completed with each registration form. There is a \$20.00 per course fee for this option. Failure to properly complete this form waives all rights to deferment. Interest at 1.5% per month will be charged on all outstanding balances.

Employee (Student) Name _____

Is this employee eligible for corporate reimbursement? Yes No

Corporate reimbursement is at: (please check one)

Full reimbursement Partial reimbursement* — Designated amount* \$ _____ Designated %* _____

* Balance to be paid with registration Contingent on Final Grade

Authorization Signature _____ (Title) _____ (Date) _____

Ashland University admits students with handicaps, and of any sex, race, age, color, religion, and national or ethnic origin.

TUITION FEES AND CHARGES ARE DUE UPON REGISTRATION

ASHLAND UNIVERSITY'S POLICY IS TO RELEASE YOUR NAME, ADDRESS, AND BASIC ATTENDANCE INFORMATION TO PERSONS WHO INQUIRE FROM OUTSIDE THE UNIVERSITY. IF YOU DO NOT WISH US TO RELEASE ANY INFORMATION, YOU MUST NOTIFY THE REGISTRAR'S OFFICE IN WRITING.

NOTE: No registrations will be processed after the third week of class.