Noncredit On-campus Class Registration

First Name _____ Last Name_____ Date_____

Mailing Address _____

City _____ State _____ Zip _____

_____

Work Phone ( ) _____ Home or Cell Phone ( ) _____

E-mail Address _____
(Required to obtain a payment receipt.)

Discount Information (One discount per class where applicable)

Ohio State Faculty/Staff ID # _____ Alumni (Degree/Year) _____

Over 60 (Birth Date) _____

Course # _____ Course Name _____ Start Date_____

Course # _____ Course Name _____ Start Date_____

Course # _____ Course Name _____ Start Date_____

Are you 18 or older? ____ Yes ____ No

Ohio State Parking - Will you be driving to this/these course(s)?

____ Yes ____ No

Do you have a valid Ohio State parking permit? ____ Yes ____ No

☐ Disability Accommodations - Please call **(614) 292-8860**.

Payment

Course(s) Fees $_____

Less Discount $_____

Late Fee ($15) $_____

TOTAL $_____

Method of Payment*

__Check or money order enclosed

(Payable to “The Ohio State University”)

**For payment by credit card visit ced.osu.edu.*

How did you hear about us? _____

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