



WCS Non-credit Application

TOLEDO-AREA CAMPUS
 Attention: WCS • P.O. Box 10,000 • Toledo, Ohio 43699-1947
 1-800-GO-OWENS, Ext. 7357 • Fax: (567) 661-7662

FINDLAY-AREA CAMPUS
 Attention: WCS • 3200 Bright Road • Findlay, Ohio 45840-3509
 1-800-GO-OWENS, Ext. 3155 • Fax: (567) 429-3168

Please print information clearly with black or blue ink

www.owens.edu

Social Security Number: _____ - _____ - _____

Your Social Security Number is confidential and protected by both federal and state laws. The college will protect this number from unauthorized disclosure and/or use. In compliance with state and federal regulations/laws, disclosure may be authorized for the purposes of state and federal reporting.

Additionally, Owens Community College will use your Social Security Number for keeping records, and reporting. If your Social Security Number is not provided, Owens Community College and other colleges may not be able to match your application(s), test scores or transcripts to your academic records which may delay processing your application.

Gender: Male Female

Birth Date: (MM/DD/YYYY) _____ / _____ / _____

Please print your name exactly as it appears on legal documents:

Last _____ First _____ Middle _____

Please indicate any former names:

Home Mailing Address (include apartment number or lot number if applicable):

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

County: _____ **E-mail:** _____

Home Phone: _____ **Cell:** _____ **Work:** _____

Emergency Contact Name: _____ **Phone:** _____

* An electronic notification system will inform you of any class updates provided we have correct and complete contact information.

Your responses to the following questions regarding race and ethnicity are voluntary and will be treated as confidential. No discriminatory action will be taken as a result of your response and no adverse action will result if you do not respond.

Are you of Hispanic or Latino origin? Yes No

If you wish to be identified by race, please check one or more:

American Indian/Alaska Native Asian Black/African American Native Hawaiian/Pacific Islander White/Caucasian

AGREEMENTS AND AUTHORIZATION

The information given above is complete and accurate to the best of my knowledge. I will be responsible to pay all fees, interest, and expenses incurred. Delinquent accounts will be forwarded to the Ohio Attorney General's Office for actions, as required by the Ohio Revised Code. Successful completion of a program of study at the College does not guarantee licensure, certification, or employment in relevant occupation.

By signing this application, I agree to abide by all policies, regulations, and procedures of the College. I understand this application is for non-credit coursework only.

 Please Print Student Name Signature Date

 Please Print Parent Name Signature Date

Under the age of 18, Parent or Legal Guardian Signature required

Owens Community College promotes equal opportunity regardless of age, color, disability, national origin, race, religion or sex.

OFFICE USE ONLY.

COURSE NUMBER	COURSE TITLE	CRN	Credit Hours

Method of Payment

Check or money order enclosed (made payable to Owens Community College)

Company purchase order enclosed:

P.O. # _____

P.O. Billing Address _____

If paying by credit card, please call our office at (567) 661-7357.