GRADUATE COURSE APPLICATION PROCESS FOR EDUCATORS

Ohio Professional Educators

To register for a graduate level workshop, please follow the steps below. If you have any questions, please contact Amy Wilms (wilmsab@muohio.edu or 513-529-2450).

STEP ONE: (skip step one if you have already been admitted)

APPLY TO THE GRADUATE SCHOOL (IF APPLICABLE)

> Admission is required, even if you are enrolling for workshop credits. You will receive a Miami Banner ID number, which is needed for the TEAM Scholarship application.
>   a. The Graduate School prefers online applications.
> - Apply here: https://www.applyweb.com/apply/muohiog/index.html
>   a. Once you have a Banner ID number, go to step two.

STEP TWO: (skip step two if you received the TEAM Scholarship after August 2010)

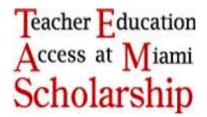> Fill out the TEAM Scholarship Application form (in this packet)
>
> - Any graduate level course offered by Miami University will qualify for the TEAM Scholarship.
> - Approved applications are good for one year (fall through summer).
> - Attached to each application, you must provide a copy of your Ohio teaching license or certificate and a copy of your teaching contract for the year you are applying for TEAM.
> - You can fax or mail the application to the address on the bottom of the form.

If you have questions, please call 513-529-8734 from 8 a.m.-4:30 p.m. Monday through Friday.

STEP THREE:

> Register for the workshop. Go to www.muohio.edu/csbmhp and follow the Professional Development links to register. Or, use the form provided in this packet.
>
> You may register before officially receiving the scholarship; however, you will be responsible for full payment at the time of registration.

Teacher Education Access at Miami Scholarship

2010-2011
Application
(for Ohio residents only)   Miami University

To take graduate level classes you must be accepted for admission to the Graduate School and receive a Banner ID# www.miami.muohio.edu/graduate-studies/admission/domestic-application.html

Name _____Banner ID +_____

Home Address _____City_____OH Zip _____

Phone Number (____)_____ Email*_____

School Name_____District_____

Current Ohio Teaching Position _____Grade Level_____

Intended course numbers (EDT 600)_____

*Correspondence regarding the TEAM Scholarship will be communicated to you through the email address listed on this application.

Applicants must submit copies of their current teaching contract with their school district, and valid teaching license or certificate. Incomplete applications will be returned.

Applications are good for ONE school year – fall semester through summer sessions.

Check all boxes below that apply:

Semester and year for course work: ☐ Fall 2010 ☐ Spring 2011 ☐ Summer 2011

☐ Yes, I am a resident of the state of Ohio and teach in the state of Ohio.

☐ I am a full-time teacher of the district for the 2010-2011 school year (excludes substitute teachers) and I have attached a copy of my current contract.

☐ I hold a provisional or professional license issued by the state of Ohio and I have attached a copy of my license or certificate.

☐ My course(s) and/or workshop(s) are part of my approved professional development plan.

By signing, you are verifying that you meet the scholarship eligibility criteria:

Applicant Signature: _____Date: _____

MAIL APPLICATION TO:
Office of Student Financial Assistance
301 S. Campus Avenue
Oxford, Ohio 45056

Or Fax:
(513) 529-8713

For more information:
(513) 529-8734

MIAMI UNIVERSITY 1809

Lifelong Learning
Credit Workshop Registration Form

☐ Fall Term
☐ Spring Term
☐ Summer Term

Please note: All workshops are subject to cancellation due to low enrollment. We cannot process your registration without payment of fees. Fees are subject to change. **Withdrawal from a credit workshop must be done by 4:30 p.m. on the last business day before the start date of the workshop to receive a refund of fees.** Administrative fees are non-refundable.

Return this form with check payable to Miami University or credit card information to: Miami University, Lifelong Learning, 127 McGuffey Hall, 210 E. Spring St., Oxford, OH 45056; Phone: 513-529-8600; Fax: 513-529-8608; E-Mail: lifelearn@muohio.edu; Website: www.muohio.edu/lifelonglearning

Workshop Title	Workshop Dates

Legal Name (Place Jr., Sr., I, II, etc. after middle name)
Last   First   Middle | Previous Names if any | SSN or Banner ID

Mailing Address (Number and Street) | City | State | Zip Code

Phone Number | E-Mail Address | Date of Birth | Country of Citizenship

Ethnic Status (This field is not required, but will aid our legal reporting obligations)

1. Do you consider yourself to be Hispanic or Latino?
☐ Yes, Hispanic or Latino
☐ No

2. If you answered yes, which best describes your background:
☐ Mexico   ☐ Other
☐ Puerto Rico

3. Regardless of you answer to the prior question, please select one or more of the following categories that best describes yourself:
☐ American Indian or Alaska Native
☐ Asian or Asian American
☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander
☐ White

Sex
☐ Male
☐ Female

Ohio Residency (Check all that apply)
For the purpose of determining fees students are classified as Ohio or non-Ohio residents. Please check the box below that accurately represents your current residency. In addition you may be requested to submit a complete residency application with all required documents.
☐ I do not reside in Ohio (non-resident).
☐ I have lived in Ohio for at least 12 consecutive months prior to the enrollment and am not receiving any financial support from non-Ohio residents.
☐ I reside and am gainfully employed on a self-sustaining basis in Ohio and wish to pursue a part-time program
☐ I am on active duty in the United States military and am stationed and residing in Ohio or I am a dependent of such a person.
☐ I am a dependent student with at least one parent or legal guardian residing in Ohio for at least 12 consecutive months prior to this enrollment.
NOTE: Ohio law requires that non-resident fees be assessed to male Ohio students who are between the ages of 18 and 25 and have not registered with Selective Service.

Educational Background (Check all that apply)
☐ I am currently enrolled in high school.
☐ I am currently enrolled in college at _____
☐ I attended college at _____ for the following dates _____
☐ I previously attended Miami University for the following dates _____

Graduate Course Credit
This admission is for credit workshops only. If you would like to take other graduate level coursework, contact the Graduate School for application and admission.
If you are not already admitted to the graduate school and wish to receive graduate credit, you must apply for Continuing Non-degree Graduate Standing (CGS).
☐ **I am enclosing $15 extra. Please use this form as my application for CGS admission.**
A bachelor's degree is required to receive graduate credit for this workshop.

Highest degree earned _____ Institution _____ Date degree earned _____

Workshop Credit

	CRN	Dept. Abbr.	Course Number	Section Letters	Credit Hours	credit/ no credit	grade	Resident Comprehensive Fee	Non-Resident Comprehensive Fee	Administrative Fee	Total Fees Due
☐						☐	☐				
☐						☐	☐				
☐						☐	☐				
☐						☐	☐				
☐						☐	☐				
☐						☐	☐				
☐						☐	☐				
☐						☐	☐				
☐						☐	☐				

(Choose One: credit/no credit, grade)

Check Desired Workshops

Total Due: **$**

Have you ever been convicted of a criminal offense other than a minor traffic violation or are such charges currently pending against you at this time? ☐ Yes ☐ No

Have you ever been dismissed, suspended, or placed on probation for nonacademic reason by any secondary high school, college, or university (including suspension or dismissal under Ohio Rev. Code 3345.22 and .23, commonly called House Bill 1219)? ☐ Yes ☐ No

If you answer yes to either of these questions you must submit a complete statement of explanation.

I certify that to the best of my knowledge the information given above is true and accurate. I understand that misrepresentation of facts on this application will be cause for refusal of admission cancellation of registration or dismissal from the University. In addition I agree that I am fully responsible for all fees associated with the above workshop(s).

Signature_____ Date_____ Instructor signature (if required)_____ Date_____

Method of payment
☐ Check (payable to Miami University)
☐ VISA or ☐ MasterCard ☐ Discover Acct# _____ – _____ – _____ – _____ Exp Date _____ V code _____
Cardholder name (please print) _____ Day phone _____
Cardholder address _____ Zip code _____
Authorizing signature _____

Do you have other funding that covers payment of this workshop?
☐ Scholarship if so what? _____
☐ Faculty/Staff Waiver   ☐ Financial aid verified available through student financial aid