



NON-CREDIT APPLICATION

Center for Emergency Preparedness
P.O. Box 10,000 • Toledo, Ohio 43699-1947
Office: (567) 661-2411
Fax: (567) 661-2976

Please print information clearly with black or blue ink

www.owens.edu/cep

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 I. _____

Please indicate any former names: _____

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

City: _____ State: _____ Zip Code: _____

County: _____ Phone: (H) _____ (C) _____

E-mail: _____

Emergency Contact Name: _____ Phone: _____

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

Signature _____ Date _____

Course Title: _____ Course Dates: _____ CRN #: _____
Course Title: _____ Course Dates: _____ CRN #: _____

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 (567) 661-2411.