



# Program 60

## Program 60 Registration Form Instructions:

1. Complete the below form. Please make certain the full five-digit class number is used for each requested course and those days and times are correct.
2. Return your completed registration form to:  
Program 60, OSU Mansfield, 1760 University Dr., Mansfield, OH, 44906

This form does not guarantee acceptance into a class. Final approval is always dependent upon available space. If space is available, a letter of confirmation will be sent the week prior to the start of classes. If no space is available, you will be contacted by phone.

If you have any additional questions, please feel free to call the Program Coordinator at 419-755-4203.

## Program 60 Registration Form

\*Designates required fields

\_\_\_\_\_

Date

\_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_

\*Last Name                      \*First Name                      \* MI                      \*Telephone

\_\_\_\_\_

\*Street Address                      Permanent E-mail Address

\_\_\_\_\_

\*City                      \*State                      \*Zip Code                      Is this your first time in Program 60?    \_\_\_Yes    \_\_\_No  
If No, is this a new address?                      \_\_\_Yes    \_\_\_No

### Please check one:

- \_\_\_\_\_ I would like to take all the courses listed below, pending seat availability.
- \_\_\_\_\_ I would like to take only one course this quarter. Courses are listed in order of preference.

### Courses Desired

1. _____	_____	_____	_____	_____	_____
Class Number	Department & Course Number	Day	Time	Instructor	Bldg/Room
2. _____	_____	_____	_____	_____	_____
Class Number	Department & Course Number	Day	Time	Instructor	Bldg/Room
3. _____	_____	_____	_____	_____	_____
Class Number	Department & Course Number	Day	Time	Instructor	Bldg/Room