

**UNDERGRADUATE STUDENT CENSUS RECORD**  
**NON-DEGREE STUDENTS**

Appropriate application fee must accompany this form for processing.

Please print or type.

Mr. \_\_\_\_\_ Mrs. \_\_\_\_\_ Ms. \_\_\_\_\_ Name \_\_\_\_\_  
Last First M.I.

Address \_\_\_\_\_  
Street City State Zip

Phone: Home \_\_\_\_\_ Office \_\_\_\_\_ E-mail address: \_\_\_\_\_

Sex: Female \_\_\_\_\_ Male \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Marital Status: Married \_\_\_\_\_ Single \_\_\_\_\_ Other \_\_\_\_\_ Birth Date: \_\_\_\_\_

Ethnic Background: \_\_\_\_\_ (see below for code) Religion: \_\_\_\_\_ (see below for code)

CLL Center if Applicable: \_\_\_\_\_ Cleveland \_\_\_\_\_ Columbus \_\_\_\_\_ Dayton \_\_\_\_\_ Nursing

Have you attended Capital University before? \_\_\_\_\_

If yes, which program? \_\_\_\_\_ Traditional \_\_\_\_\_ CLL \_\_\_\_\_ Grad School of Adm \_\_\_\_\_ Law

Approximately dates of attendance: \_\_\_\_\_ Did you graduate? \_\_\_\_\_

**COURSE ENROLLMENT:**

	Dept.	Course No.	Section No.	Credit	Title
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____

This enrollment is for: \_\_\_\_\_ Fall \_\_\_\_\_ Spring \_\_\_\_\_ Sum I \_\_\_\_\_ Sum II \_\_\_\_\_ Sum Trimester (CLL)  
\_\_\_\_\_ Year

This enrollment is for: \_\_\_\_\_ Traditional Undergraduate \_\_\_\_\_ CLL Undergraduate \_\_\_\_\_ Teacher Cert.

Are you employed by a sponsoring company? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, company name: \_\_\_\_\_

STUDENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Predominant Ethnic Background: (Information is required in compliance with Federal regulations of collecting and reporting ethnic/racial data. This data will be used for statistical purposes only.)

Code		Code		Code	
M1	Black, Non-Hispanic	M2	American Indian	M3	Asian or Pacific
M4	Hispanic	M5	White, Non-Hispanic	M6	Other (International Stdts)

Religion: (Information requested by Evangelical Lutheran Church of America, used for statistical purposes only)

Code		Code		Code		Code	
07	Baptist	12	Community-Other	12	Greek Orthodox	15	Other Religions
12	Christian	12	Congregational	13	Jewish	14	Roman Catholic
12	Church of Brethren	12	Disciples of Christ	05	Lutheran-Missouri	11	United Church Christ
12	Church of Christ	01	ECLA	06	Lutheran-Other	09	United Methodist
12	Church of God	08	Episcopal	16	No Affiliation	10	United Presbyterian



## Earn Academic Credit for Your Work at The Recording Workshop!

**Procedure:** \* Complete the non-degree student application on the back of this form.  
\* When completing the section on "Course Enrollment," use the following information:

<u>Dept.</u>	<u>Course</u>	<u>Credit</u>	<u>Title</u>
Mus	310	9	Recording Engineering & Music Production
Mus	311	1	Recording Studio Maintenance
Mus	312	1	Advanced Recording & Music Production
Mus	313	1	NewTech Production

\* Send a check or money order payable to Capital University to:  
Dean, Conservatory of Music  
Capital University  
Columbus OH 43209-2394

**Cost:** \$50 per credit, plus \$25 registration fee  
Total for complete program: \$625

You will receive undergraduate academic credit from Capital University for the successful completion of each course. This credit may be transferred to other colleges and universities. Check with officials at your college or university regarding whether these credits will be considered electives or substitutions for required curriculum.

**Transcript:** Capital University operates on a semester calendar with two summer sessions.

Transcripts for work during: Fall Semester Available mid-December  
Spring Semester Available mid-May  
Summer Sessions Available end of July

**Questions:** Contact the Dean, Conservatory of Music, Capital University, Columbus, OH 43209-2394, or call (614) 236-6411

**Applications for credit through Capital University and complete payment of fees must be received before completion of courses at The Recording Workshop. Credit will not be granted retroactively.**

**Transcript  
Request  
Form**

**CAPITAL  
UNIVERSITY**

Mail or fax request to:  
Office of the Registrar  
2199 East Main Street  
Columbus, OH 43209  
Phone: (614) 236-6707  
Fax: (614) 236-6753

*\*Fill out completely, with signature and payment, or form will be returned.*

**Your information:**

Name \_\_\_\_\_  
Last First Middle Former Names  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Daytime Phone (\_\_\_\_) \_\_\_\_-\_\_\_\_ Date of Birth \_\_\_\_\_  
Social Security Number \_\_\_\_\_  
(or Student ID#)  
Graduate Year \_\_\_\_\_ Years Attended \_\_\_\_\_

**Mail to:**

\_\_\_\_\_ Number of transcripts to address below. Fill out one form for each address.  
Please print all information.

Name \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Special instructions: \_\_\_\_\_ Issue transcript(s) now.  
\_\_\_\_\_ Hold transcript(s) until degree is posted: \_\_\_\_\_  
Month/Year  
\_\_\_\_\_ Hold transcript(s) until grades are posted: \_\_\_\_\_  
Semester/Year  
\_\_\_\_\_ Seal transcript(s) individually. Do not stamp "Issued to Student."  
\_\_\_\_\_ Other: \_\_\_\_\_

I affirm that I am the above-named student. In compliance with FERPA, I hereby give my written consent and authorize Capital University to release my student record as noted.

Signature \_\_\_\_\_ Date \_\_\_\_\_

For Office Use Only: Date \_\_\_\_\_  
Payment Received By: \_\_\_\_\_  
Circle One: Cash Check Credit Card

**You can charge your Capital University fees** \_\_\_\_\_

**Use either VISA or MASTERCARD**

Daytime Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_  
Charge Card Number \_\_\_\_\_

Amount to be paid

\$ \_\_\_\_\_

Print your name as it appears on your card

Card Expiration Date \_\_\_\_\_

Please check one:

☐ VISA ☐ MASTERCARD

I hereby agree to pay the sum set forth above to the bank which issued my card in accordance with the terms of the credit card for the purchase of goods and services.

Cardholder Signature \_\_\_\_\_ Date \_\_\_\_\_

**Transcript fee payable  
at time of request:**

**\$5 each request**

**\$5 each for same  
day service (in  
person only)**

**Attach check, money  
order or pay by credit  
card. (Do not put cash  
in mail.)**

**Photo ID required  
when picking up in  
person.**

**Only official  
transcripts will be  
mailed.**

**All transcripts mailed  
to student will be  
stamped "Issued to  
Student" unless  
otherwise requested.**

**Written permission of  
student is required to  
pick-up transcript  
other than own.**

**Allow 5 to 10 business  
days for processing  
once request is  
received.**

For Office Use Only:  
Student Name \_\_\_\_\_  
Student ID# \_\_\_\_\_  
Transcript Request 21 00000 61521