

ORAL ROBERTS UNIVERSITY  
**Chillicothe Recording Workshop Checklist**  
(revised 2/11/2015)

1. Call the Recording Workshop's toll-free number to verify an opening for the semester you plan to attend. 1-800-848-9900
2. ✓ Download the following pages from the ORU Music Dept. web site:  
    \_\_\_ *Planned Course of Studies While at the Recording Workshop*  
    \_\_\_ *Waiver of Liability*  
    \_\_\_ *Approval for Study at the Recording Workshop*  
    \_\_\_ *Undergraduate Census Record* (both pages)
3. \_\_\_ Meet with your major advisor, who will help you complete the form entitled *Planned Course of Studies While at the Recording Workshop*.
4. \_\_\_ Have the advisor sign the attached approval page.
5. \_\_\_ Complete the *ORU Waiver of Liability Form; Recording Workshop Registration form, and Capital University Undergraduate Student Census Record: Non-Degree Students*.
6. \_\_\_ Have Dr. Waters (Music Tech) or Mr. Barreiro (MMI) review your application and sign the attached approval page.
7. \_\_\_ Have the Major Department Chair sign the attached approval page.
8. \_\_\_ Take your completed application with you and meet the following people (below). As they approve of your proposal, have them sign the attached approval page.
  - \_\_\_ Meet with Financial aid regarding any aid available to you. Any of your current external grants, loans, and scholarships (such as Pell grants) should apply to this program. Internal (ORU) grants (academic scholarships, etc.) normally do not apply to off-campus study programs of this nature.
  - \* Ask if aid is available in the current semester to cover deposits totaling \$925 (\$300 deposit to RecW, \$625 credit fees to Capital U). If aid is available, apply for a refund.
  - \* Be sure to get a *Consortium Agreement* form to send to Capital.
  - \_\_\_ Meet with Student Accounts regarding your account and the process you will need to complete prior to your departure.

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- \_\_\_ If you are a non-USA student, you need to meet with the International Admissions Advisor in the ORU Admissions Office.
- \_\_\_ If you are an athlete, you need approval from your athletic advisor.

9. \_\_\_ Make 3 copies of your completed Recording Workshop form, which should include:

\_\_\_ ***ORU Approval Form***

\_\_\_ ***Waver of Liability form***

\_\_\_ ***Planned Course of Studies While at the Recording Workshop***

\_\_\_ ***Capital Application and Consortium Agreement***, and deposit checks.

- \_\_\_ Give one copy to Dr. Waters.
- \_\_\_ Give one copy to Dr. Coker.
- \_\_\_ Save the 3<sup>rd</sup> copy for the Registrar (see below).

10. \_\_\_ Mail your applications.

- Capital: ***Census Record, consortium***, + check
- RecW: ***Application form***, + check

11. \_\_\_ You should register for ORU classes as usual, just in case the Recording Workshop does not accept your application.

12. \_\_\_ Also register for CAM 451 if you will be taking an internship in the same semester.

13. \_\_\_ If accepted, bring a copy of your materials (point 7 above) to the Registrar's Office. Here you will enroll for an 8 to 11 hour block at ORU, called **PRF 311: Chillicothe Music Workshop**.

14. \_\_\_ Once your Consortium papers are back to Financial Aid, proceed to validate with Student Accounts. You must be validated prior to leaving for the Recording Workshop or your aid will not be released.

15. \_\_\_ Approximately one week before classes start, a refund check will be made out to you by Student Accounts. You are responsible for paying all bills at The Recording Workshop.

16. When the Recording Workshop is completed, you must initiate the transfer of your grades from Capital University to ORU.

- \_\_\_ Download the ***Capital Transcript Request Form*** from the ORU Music Dept. web site.
- \_\_\_ Complete the form and send in with the required fee.
- \_\_\_ Check with the ORU Music Office in a few weeks to verify that your credits have been successfully transferred.

## APPROVAL FOR STUDY AT THE RECORDING WORKSHOP

Student Name \_\_\_\_\_ ID# \_\_\_\_\_

**This is to certify that the proposed program of study has been reviewed and approved.**

\_\_\_\_\_  
Major Advisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Dr. Edward Pierce, Chair of Music Department

\_\_\_\_\_  
Date

\_\_\_\_\_  
Financial aid (preliminary consultation)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Accounts (preliminary consultation)

\_\_\_\_\_  
Date

\_\_\_\_\_  
International Student Advisor (if non-USA student)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Athletic Advisor (athletes only)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Registrar

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mr. Rafael Barreiro Multimedia Institute (MMI students)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Dr. Stephanie Coker, Director, Off-Campus, Study Abroad

\_\_\_\_\_  
Date

\_\_\_\_\_  
Dr. Tim Waters, Music Technology Coordinator

\_\_\_\_\_  
Date

## WAIVER OF LIABILITY

I, \_\_\_\_\_ duly enrolled as a special student for study at the **Recording Workshop**, in consideration for being accepted as same, do hereby release and hold harmless Oral Roberts University, Tulsa, Oklahoma, for any past, present, or future liability, responsibility or duty, for, or on account of, any injury, damage or pecuniary loss of any nature to my person or my property and/or to any other person or property, arising from my acts of omissions during the time period I am duly enrolled.

I further state that I am \_\_\_\_\_ years old.

DATED AT \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Witness

## PARENTAL CONSENT *(Required only if student will be under the age of 21)*

I, the undersigned parent of \_\_\_\_\_, the above student, do hereby consent to enrollment as same and to the execution of the above release and hold harmless agreement in favor of Oral Roberts University.

DATED AT \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
Parent or Guardian

\_\_\_\_\_  
Witness

## INSURANCE INFORMATION

This will affirm that I am adequately covered by hospitalization insurance as follows:

COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SUBSCRIBER IDENTIFICATION NUMBER: \_\_\_\_\_