



EASTERN KENTUCKY UNIVERSITY

Serving Kentuckians Since 1906

Office of the Registrar

Academic Affairs and Research
Enrollment Management
Office of the Registrar

SSB CPO 58, 521 Lancaster Avenue
Richmond, KY 40475-3158
Phone: (859) 622-3876

SPECIAL PROGRAM COHORTS: REQUEST FOR COURSE REGISTRATION

(NOTE: This form is to be used only with prior permission of Office of the Registrar.)

Student name: _____

PLEASE PRINT.

Student EKU ID or SSN: _____

Address: _____

Phone contact: _____

EKU email address: _____ N/A _____

(Note: no other email account will be used for university related correspondence)

TERM: _____ YEAR: **20** _____

COURSE INFORMATION:

<u>PREFIX</u>	<u>NO.</u>	<u>Course Title</u>	<u>Credit hrs.</u>
SWK	100	Introduction to Food Benefits	3

I request that EKU enroll me into the course(s) listed above. In so doing I acknowledge that the responsibility for satisfying any financial obligation associated with this action will be, either by direct payment from me or by confirming payment via some other funding source (e.g. scholarship). And I also do acknowledge that I am subject to all academic policies as per the university catalog.

Student's signature: _____ Date: _____



APPLICATION UNDERGRADUATE ADMISSION

Use Only For Special Program Cohorts

No application fee required

Complete and mail form to:

Office of Undergraduate Admissions

DO NOT WRITE IN THIS AREA

Date _____ Date _____

Adm Type _____ StuTy _____

Decision _____ Reviewed by _____

Semester _____

EKU ID _____

1. Name _____
Last Name First Name Middle Name Maiden Name

2. Social Security Number _____

3. Date of Birth _____
Month/Date/Year

4. Gender Male Female

5. Ethnic Group (This information about predominant ethnic background is required in order that ECU may demonstrate to the U.S. Department of Education its compliance with Title VI of the 1964 Civil Rights Act. This information is used for statistical purposes only.)

White (Non-Hispanic) Black (Non-Hispanic) Asian or Pacific Islander
 Hispanic American Indian or Alaskan Other (Please specify) _____

6. Citizen of U.S. Other (Please specify) _____

7. During which semester do you plan to attend ECU? Year 20 ___ Fall ___ Spring ___ Summer

8. Permanent Address

Street Address City State Zip County Telephone

9. Mailing Address

Street Address City State Zip County Telephone

10. Applying as Non-Degree (not pursuing a degree) Readmission (previously attended ECU)

11. I understand that withholding information on this application or giving false information will make me ineligible for admission. With this in mind, I certify that the above statements are correct and complete. I would like to be admitted to ECU.

Signature _____

Must be signed; do not print. Application not valid unless signed.

CREDIT FOR LEARNING
AGREEMENT BETWEEN
CABINET FOR HEALTH AND FAMILY SERVICES
AND

_____, EMPLOYEE

The Cabinet for Health and Family Services (hereafter referred to as the "Agency") and _____ (hereafter referred to as the "Employee") do hereby make and enter into this mutual agreement as specified below related to the Credit for Learning program established under the auspices of the Cabinet for Health and Family Services, Division of Professional Development and Training. Employees have the opportunity to earn undergraduate level credit through participation in undergraduate courses offered through Eastern Kentucky University as non-degree seeking undergraduate students.

I. The Agency Agrees to:

- A.** Pay application fees and instate* tuition for undergraduate credit to Eastern Kentucky University.
- B.** Provide textbooks required for the "Credit for Learning" courses.
- C.** Assist the Employee during their learning phase by assigning minimal caseloads when possible.

II. The Employee Agrees to:

- A.** Complete an application to Eastern Kentucky University.
- B.** Attend, participate and complete all course requirements as assigned.
- C.** Upon course completion, submit course grade to Regional Training Coordinator and Supervisor; course grades will become a part of the employee's permanent training record.
- D.** Upon course completion or withdrawal, return textbooks (if necessary) to Regional Training Coordinator in the condition in which they were received.

III. Cancellation of this Agreement:

A. If Employee leaves employment prior to course completion, but chooses to complete the undergraduate course; employee will be required to reimburse the Agency the cost of the course and textbooks.

B. Statement of Withdrawal

If for any reason I cannot complete courses in the Credit for Learning, I will contact the CFL Specialist (Susan Barber, susan.barber@eku.edu) to withdraw from the course. I understand that if I do not withdraw myself from the Credit for Learning courses, that I will receive a failing grade from the University and it will impact my future GPA.

Name of Employee: _____

Social Security Number: _____

I do hereby confirm that I fully understand the above terms of this agreement and do hereby agree to abide by them as a participant in the Credit for Learning Program.

I AUTHORIZE Eastern Kentucky University, my educational institution, to provide my employing agency OR the Kentucky Personnel Cabinet with (1) communication regarding my progress including periodic course progress reports and (2) a copy of my grade report for the course(s) listed (please see below):

Employee Date

Supervisor Date

Course Number	Course Name
SWK 100	Introduction to Food Benefits

*Out of state tuition will be reviewed on a case by case basis.