



EXTENDED CAMPUS PROGRAMS

Name: \_\_\_\_\_ M F DOB: \_\_\_\_\_

Parent/Guardian (For Youth Programs): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Other Phone (specify): \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Yes I want to subscribe to the SOU ECP Enewsletter

Optional: Company Type: \_\_\_\_\_ Job Title: \_\_\_\_\_ Education Level: \_\_\_\_\_

How did you hear about us?

- Catalog/Schedule in: [ ] Ashland Daily Tidings [ ] Mail [ ] Mail Tribune
Advertisement/Story: [ ] Newspaper [ ] Radio [ ] TV
Other: [ ] School flyer [ ] Website [ ] Word of mouth

Table with 4 columns: Course Number, Course Title, Start Date, Amount. Rows 1-5.

Please send Youth Programs financial assistance application (include 66% down payment)

Total Paid: \$ \_\_\_\_\_

Method of Payment: [ ] Check Enclosed [ ] VISA [ ] MasterCard

Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Billing Address: \_\_\_\_\_

Signature: \_\_\_\_\_

Print and complete this form. Then fax, mail, or deliver to: Extended Campus Programs Southern Oregon University Ashland OR 97520 Fax: 541-552-6047 Phone: 541-552-6331 or 1-800-552-5388

For Office Use Only:

Check #: \_\_\_\_\_ Paid by: \_\_\_\_\_ Date Rec'd: \_\_\_\_\_ Rec'd by: \_\_\_\_\_

Extended Campus Programs and its instructors reserve the right to cancel classes, change rooms or times. In the event of insufficient enrollment, you will receive a full refund. REFUND POLICY: We must receive notice of cancellation no later than two working days prior to the class start date to give a refund. Notifying the instructor of intent to withdraw is not sufficient; you must contact our office by phone. For summer Youth Programs, a \$25 cancellation fee is assessed.