

The Kodály Institute Certification Program Registration Form

PERSONAL INFORMATION – Please print or type.

Mr. ___ Mrs. ___ Ms. ___ _____
Last First M.I.

Home address _____ Apartment No. _____

City _____ State _____ ZIP Code _____

Home Phone () _____ Cell Phone () _____ E-mail _____

Date of birth (mm/dd/yyyy) _____ Birthplace _____

Social Security No. _____ Marital Status: Single Divorced Separated
Married Widowed

Are you a U.S. citizen? Yes _____ No _____

If no, are you a permanent resident? Yes _____ No _____ If yes, alien registration # _____

Legal Sex: M F Gender Identity _____ Are you Hispanic or Latino? Yes _____ No _____

Select one or more races: American Indian or Alaskan Native _____ Asian _____ Black or African American _____
White _____ Native Hawaiian or Other Pacific Islander _____

Religion – Enter codes from list below

(Optional – Information is requested by the Evangelical Lutheran Church in America and is used for statistical purposes only.)

- | | | | |
|---------------------|-------------------------|-----------------------------|-------------------------|
| 07. Baptist | 12. Church of Brethren | 13. Jewish | 09. Methodist |
| 12. Community-other | 12. Church of Christ | 01. Lutheran-ELCA | 10. United Presbyterian |
| 12. Congregational | 12. Disciples of Christ | 05. Lutheran-Missouri | 14. Roman Catholic |
| 12. Christian | 08. Episcopal | 06. Lutheran-other | 15. Other religion |
| 12. Church of God | 12. Greek Orthodox | 11. United Church Of Christ | |

Have you ever been suspended or expelled from any high school or college/university? Yes _____ No _____
(If yes, please attach a statement of explanation.)

Have you ever been convicted or pleaded guilty to a felony? Yes _____ No _____
(If yes, please attach a statement of explanation.)

COURSE ENROLLMENT – Please be advised that registration in these certification courses will not result in college-level credit.

Are you a: New Student _____ Returning Student _____

If you are a **new student**, you will be enrolled in Level I (6 semester hours). Select your track: Elementary _____ Choral _____

If you are a **returning student**, select your track and level: Elementary _____ Choral _____
Level II (6 semester hours) _____ Level III (6 semester hours) _____

LODGING

Will you require lodging? Yes _____ No _____

Statement of Financial Responsibility

Terms and Conditions of Financial Responsibility

Before registering for classes at Capital University, you must read and accept this agreement acknowledging that you understand and agree to the following terms and conditions of financial responsibility:

1. I have a legally binding obligation to pay Capital University all tuition, room and board (if applicable), and other applicable fees by the due date.
2. I understand that the billing information will be communicated to me through my Capital e-mail account, however, I also understand that my payment obligation is binding whether or not I access my electronic billing information (eBill), and whether my account is being paid by me or by another person.
3. If my account is not paid by the due date, I understand that I may be assessed a late payment fee.
4. Failure to attend classes does not constitute an official drop or withdraw. I understand that to drop or withdraw from a class, I must complete and submit all required paperwork in a timely manner. If my account becomes delinquent, I will not be allowed to register for the next semester and, if I am a graduating student, I may not be allowed to participate in Commencement and I will not be issued a transcript or diploma until the account is paid.
5. I understand that I shall be responsible for, and I hereby agree to pay, all collection costs and attorney fees that Capital University may incur to collect any unpaid balance on my student account.
6. I understand that my certification of and agreement to the Terms and Conditions of Financial Responsibility Statement applies to this registration session and all subsequent changes in my registration throughout the semester.

Certification

Capital University is committed to challenging students and creating a personalized learning environment that is free from prohibited discrimination and harassment. The University prohibits discrimination on the basis of race, color, religion, national and ethnic origin, sexual orientation, class, sex and gender, age, disability, veteran status, or any other characteristic protected by law, and admits qualified students to all the rights, privileges, programs, and activities generally accorded or made available to students.

I certify that all of the information submitted in the application is my own work, true and correct to the best of my knowledge. I authorize all schools attended to release all requested records and authorize review of my application. I understand that I may be subject to a range of possible disciplinary actions, including admission revocation or expulsion, should the information I certified be false. I understand that an offer of admission is conditional, pending receipt of final transcripts showing work comparable in quality to that upon which the offer was based. In addition, I acknowledge that the University reserves the right to withdraw offers of admission if applicants fail to satisfy all requirements; if it is determined that admission was obtained through the use of falsified, altered, or embellished information; if there is a substantial drop off in academic performance; or if there is a change in disciplinary status after the time of application including engaging in behavior that is deemed incompatible with positive contributions to the campus environment (such as safety concerns, violence, threats, etc.). Finally, I understand the University may revoke my admission if it determines that I have engaged in conduct that it deems unbecoming of an applicant or student, including conduct of a criminal nature, even if the conduct does not result in a conviction.

Signature _____ Date _____

If this is the first time you are registering for Capital classes, a \$25 application fee (non-refundable) must also be sent with this application (check made payable to Capital University). Please return completed registration form to:
Adult and Graduate Education, Capital University, 1 College and Main, Columbus, OH 43209-2394

For more information, call **614-236-6996** or e-mail **adult-grad@capital.edu**