

COURSE CREDIT REGISTRATION PACKET Outward Bound (OB)

*Required Information

Last Name*:	First Name*:	MI:
Date of Birth* (Month/Day/Y	rear):/ Socia	al Security #
Mailing Address*:		
Street	Ci	ty State/Zip
Phone*: ()	Email Address*:	<u>-</u>
Ethnicity: Caucasian/White Hi		s degree? Y N an Pacific Other Decline to Answer Y N If yes, list ID
OB COURSE TITLE*:		
COURSE DATES*: FROM _	/TO/	NUMBER OF DAYS*:
NUMBER OF CREDITS*:	DOES THIS COURSE INCLUDE I	INTERNATIONAL TRAVEL?* Y N
SEI	LECT YOUR CREDIT PACKAGE*	DAYS OF

SELECT YOUR CREDIT PACKAGE*	DAYS OF COURSE	COST
Credit is required to process 529 and/or AmeriCorps payments		
Short Course Credit Packages		
() 1 Credit: ROE 397 Special Topics	5–8 days	\$165
() 2 Credits: ROE 397 Special Topics	9-14 days	\$330
Standard Course Credit Packages		
() 3 Credits: ROE 189 Principles of Outdoor Recreation	15-24 days	\$495
() 6 Credits: ROE 189 Principles of Outdoor Recreation	25-50 days	\$990
ROE 283 Leadership and Facilitation		
() 9 Credits: ROE 189, 283 and ONE of the following (please select)*:	51-70 days	\$1,485
() ROE 293 Outdoor Pursuits Education – Water Based		
() ROE 295 Outdoor Pursuits Education – Snow Based		
() ROE 296 Outdoor Pursuits Education – Land Based		
*If no selection is made, you will be automatically registered in ROE 296 - Land		
Additional Special Topics Credits (1-9 available)		
() I am registering for the Nine Credit Package and wish to register for	71-80+ days	# x \$165
ROE 397 Special Topics credits at the cost of \$165 per credit.		

PARENT OR LEGAL GUARDIAN EMERGENCY CONTACT INFORMATION

Name (s):			_Relatio	onship to	o Student:
Cell Phone: ()	Other Phone: ()	i	Email: _	
	REGISTRA	ATION PO	LICIES		
 Student must be in 9th grade. School verification grade). The student's completion of the student's written assigned. The student's fulfillment of the student's fulf	de or age equivalent. is required for student of the course. Inment that correspond the learning objectives onts are graded on an As) due to Western is 40	s with the c as evaluate , B, C, D, F % of the gra	redit pack ed by the basis. Th	kage. OB instru ie OB Ins	tructor Evaluation is 60% of the
cancellation, credit registra o If a student notify' of the course start o Emergency situation in writing within 14 If a student is terminated for (TF) on their transcripts.	tended Studies in writing tion changes, OB courses Extended Studies of date no refunds will be consorted are determined on days of the emergency of a course there will re will be a \$30 admining to the course t	se cancella a course ca issued and a case by c y incident. be no refun	tion, or O ncellatior I the stude ase basis d issued	B course n, credit clent is sub s. The stu and the s	hange, or transfer 10 days or less
Grades and Transcripts: Once email. Transcripts may be ordered	_				notify the student by their Westerr
Credit Transfer to Other Schonstitutions should contact their own stitutions is not the decision of W	n Registrar's Office wit	n their ques	tions. Tra	nsfer or s	substitution of credit into other
	PAYMENT INFORM	IATION (Se	elect all th	nat apply)	
Method of Payment: Credit Card	Check or M/O	AmeriCo	orps Vouc	her	529 Plan

Questions? Email us at outdoorprograms@western.edu

Please note: There is no financial aid available through Western for this program.

AmeriCorps expiration date: ___/___/___

PAYMENT INSTRUCTIONS

AMERICORPS VOUCHER PAYMENT

To use your AmeriCorps voucher to pay for your course, follow these steps to authorize a voucher to Western:

- A. After you submit your registration packet, Western will issue you an invoice with your amount due.
- B. Log in to your AmeriCorps account at my.americorps.gov no later than 30 days before your course payment is due and submit an educational voucher to Western Colorado University in the amount that you calculated above. If you are unsure of the total amount Western will send you an invoice after you submit this registration packet.
 - *Western will not certify a voucher that will expire more than 2 weeks before your course begins. Also check that your funds are available. If you have recently completed your service, please be aware that it could take up to a month before your funds are available to send to Western. Western will not guarantee funding to OB for you until your funds are available and a voucher is submitted.*

529 PLAN PAYMENT

Follow these steps for 529 payment:

- A. Submit your registration packet to outdoorprograms@western.edu
- B. Western will email an invoice with total amount due and student ID.
- C. Contact your 529 to initiate payment to Western (instructions will be included in your invoice).

OUT-OF-POCKET PAYMENT

Follow these steps for out-of-pocket payment:

- A. Submit your registration packet to outdoorprograms@western.edu
- B. Western will email an invoice with total amount due and student ID.
- C. Submit payment via check or pay by phone (instructions will be included in your invoice).

REGISTRATION AND PAYMENT DEADLINE INFORMATION

529 Plans: Western credit registration must be submitted 30 days prior to your OBcourse start date. Western will issue an invoice that will include your total amount due between OB and Western and a student ID. Please do not initiate funds until you receive an invoice.

AmeriCorps Vouchers: Western credit registration must be submitted 30 days prior to your OB course start date. If you send incorrect or multiple AmeriCorps vouchers, you will be asked to cancel the incorrect voucher(s) and resubmit a voucher in the correct amount before Western will certify and process payment to OB.

Out-of-Pocket Payment: Credit registration must be received 30 days prior to your OB course start date.

*Extended Studies Outdoor Programs cannot guarantee credit registration and funding will be processed if a credit registration packet is received within 30 days of the OB course start date.

*Academic credit registration is **required** to process 529 and AmeriCorps payments.

*Payment must be complete prior to your course start date. If payment is not complete prior to your course start date, you will be dropped from your credits and assessed the full credit charge.

*Only payments received, up to the amount billed by Western, will be recorded on 1098-T tax forms.

☐ I have read, understood and agreed to the above Registration and Payment Deadline Information. Plea	se initial
here:	

CANCELLATION, TRANSFER AND COURSE DISMISSAL POLICIES

I understand that if I do not notify Extended Studies in writing a minimum of 10 days prior to my course starting of <u>any</u> credit registration cancellation, I will not be refunded the cost of my credits and I will be subject to a \$50 fee.

I understand that if I do not notify Extended Studies in writing a minimum of 10 days prior to my course starting of <u>any</u> OB course cancellation I will not be refunded the cost of my credits and I will be subject to a \$50 fee.

I understand that if I do not notify Extended Studies in writing a minimum of 10 days prior to my course starting of <u>any</u> OB course transfer I will not be refunded the cost of my credits and I will be subject to a \$50 fee.

I understand that if OB cancels a course I will be subject to a \$30 administrative fee.

I understand that all cancellations and transfers are subject to a \$50 fee. Additional cancellation fees may be assessed on a case by case basis, determined by OB.

I understand that once my course begins I cannot change my registration.

I understand that if I contact Extended Studies <u>after</u> my course begins about credit registration changes, course transfers, or course cancellation I will receive a Technical Fail on my transcripts and will not be refunded.

I understand that if I do not submit payment for my credits before my course begins I will be dropped from my credits and charged the academic credit cost I registered for.

I understand that I must notify Extended Studies immediately when transferring courses. If transferring to a course in the same semester I must fill out another Page 1 and submit it to Extended Studies. If transferring to a course in a different semester I must complete a new Credit Registration packet and submit it to Extended Studies. I understand that I may be subject to a \$50 transfer fee.

I understand that if I am terminated from a course there will be no refund issued and I will receive a Technical Fail (TF) on my transcript.

I understand that emergency situations are determined on a case by case basis. I must notify Extended Studies in writing within 14 days of the emergency incident.

☐ I have read, understood and agreed to the above cancellation	, transfer and course dismal policy.
Please initial here:	

DISCLOSURE, DISCLAIMER, WAIVER AND ACADEMIC POLICIES

PAPER AND EVALUATION DEADLINE

I understand that if I do not fulfill the credit requirements as outlined in this packet and return my written assignment to the Extended Studies Office by the deadline of 15 business days from the last day of my course, I will receive a Technical Fail (TF) as a grade on my permanent transcript.

Please initial here your acknowledgement of this deadline:
I understand that if I fail to notify the Extended Studies Office directly of any course cancellation, course transfer or withdrawal from a course in progress, I will receive an automatic TF on my transcript for the original course I registered for.
Please initial here your consent:
As a percentage of my grade, my OB instructor will send a copy of my OB Evaluation to Western at the conclusion of m course. I provide consent for the release of my evaluation to Western.
Please initial here your consent:
EXTENSIONS: Assignment deadline extensions for a maximum one week period of time are only granted for confirmed extenuating circumstances. An extension request must be submitted in writing to the Extended Studies Office before the original coursework due date and be accompanied by documentation of the reason for the request, such as a doctor's note.
Selective Service Information: Males who are 18 years of age or older, born after 1960, MUST be registered with the Selective Service to comply with Colorado law and to register for credit classes. Individuals not in compliance are subject to penalty of law and withholding of transcripts.
I (WE) UNDERSTAND AND AGREE that participation in this OB course (the "Activity") with Continuing Education and Western Colorado University is dangerous and involves risk and that I am (we are) cognizant of the risks and dangers inherent with such a course. Injuries could include, but are not limited to, sprains, contusions, fractures, paralysis and even death. I (We) also understand that I am (we are) not required to participate in this Activity, but that such participation is optional.
AS LAWFUL CONSIDERATION for being permitted by Continuing Education and Western Colorado University of Colorado to participate in the referenced Activity, I (we) do hereby RELEASE FROM ANY LEGAL LIABILITY, AGREE NOT TO SUE, CLAIM AGAINST, ATTACH THE PROPERTY OF OR PROSECUTE, AND FURTHER AGREE TO DEFEND, INDEMNIFY AND HOLD HARMLESS Continuing Education and Western Colorado University, and all of their officers, directors, members, organizations, ager and employees of any injury or death caused by or resulting from my participation in the Activity described above, WHETHER OR NO SUCH INJURY OR DEATH WAS CAUSED BY THEIR NEGLIGENCE OR FROM ANY OTHER CAUSE.
THIS IS A RELEASE OF LIABILITY. IF UNDER EIGHTEEN (18) YEARS OF AGE, SIGNATURE OF PARENT OR LEGAL GUARDIAN IS ALSO REQUIRED.
This Agreement, made in the State of Colorado, County of Gunnison, shall in all respects be governed in accordance with the laws of the State of Colorado. Any action brought by either party to enforce any of the terms or conditions of this Agreement shall be brought only in such county. Each party consents to the jurisdiction and venue of the appropriate Court in such county.
IN WITNESS WHEREOF, I (we) have hereunto set our hand on the dates indicated the last such date governing the effective date of said Agreement.
Signature of Student Date

Date

Signature of Parent (if student is under 18 years of age)

AUTHORIZATION FOR RELEASE OF ACADEMIC INFORMATION

Under the Family Educational Rights and Privacy Act of 1974 (FERPA), Western Colorado University is permitted to disclose any directory information to anyone who requests it. Currently, directory information includes the following: student's name, Western enrollment status (e.g., full/part-time, undergraduate/graduate, grade level), dates of attendance at Western, degrees/honors/awards received at Western, local/campus address, home or off-campus address, local/cell phone number, Western email address and student's email address provided on their admission application, date and place of birth, major field of study, participation in officially recognized activities and sports, weight and height of members of athletic teams, and most previous educational agency or institution attended by the student. Western Colorado University is not permitted to disclose any non-directory information to anyone without a legitimate educational interest or without written permission from you, the student.

By signing below, I waive my rights under FERPA and authorize that the faculty, administrators, and staff of Western Colorado University have my permission to access non-directory information including my academic records and discuss my academic progress with my parents/guardians and/or other designated person listed below. This includes all academically-related content issues, including, but not limited to: class attendance, class participation, and academic records (i.e., grades, transcripts, and schedule).

I consent to the disclosure of any personally identifiable information from my educational records to my parent(s)/guardian(s), for reasons determined by Western Colorado University as appropriate.

This waiver form is valid for the period of my admission to Western Colorado University through my graduation from the University unless otherwise revoked. This form must be signed and returned to the Extended Studies Office.

Student Last Name (please print)	Student First	Name	МІ	
Student Signature				Date
IMPORTANT!! COMPLETE THIS SECTION BELOV address, please list both in the first column)	V. Parent/Guardia	n Informat	ion (If p	arents/guardians live at the same
Parent/Guardian Name(s)		Parent	:/Guar	dian Name(s)
Address		Addres	SS	
City, State, Zip		City, St	tate, Z	ip
Telephone		Teleph	ione	
Email		Email		



Pages 1-5 are required in order for your credit registration to be processed by Extended Studies
Outdoor Programs (Page 6 is not required. Parent or legal guardian permission to access student account
information for college students is not allowed by FERPA regulations without express student permission. To
grant this permission, Page 6 of this packet must be completed, signed and returned from the student.
If permission is not received, our office may communicate only with the student concerning enrollment,
assignments, grades and payment information, including 529 processing).

*If pages 1-5 are not completed, your credit registration will not be processed and you will receive an "Incomplete" email notifying you of what needs to be completed in order for your registration to be processed.

Western Extended Studies Outdoor Program Contact Information

Phone: 970.943.2885 Fax: 970.943.7068

Email: outdoorprograms@western.edu

Mailing Address

Western Colorado University Taylor Hall 303 1 Western Way Gunnison, CO 81231

Thank you for registering through Western Colorado University!