

Pedagogy of OPEN Physical Education Workshop Form



1. **Name:** \_\_\_\_\_  
 Last First M.I. Other Name(s)

2. **SSN/WIN:** \_\_\_\_\_ Gender\*  Female  Male Birthdate\* \_\_\_\_\_

3. **Ethnicity\*:**  Hispanic or Latino  
 Not Hispanic or Latino  
 I prefer not to provide this information

4. **Race\*:**  American Indian or Alaska Native  Native Hawaiian or Other Pacific Islander  
 Asian  White  
 Black or African American  I prefer not to provide this information

\*This information which is marked with an asterisk is collected solely for statistical purposes. All qualified applicants will receive consideration without regard to age, ancestry, race, color, sex, religion, national origin, disability, parental status, or sexual orientation. The University is an equal opportunity institution.

5. **Address:** \_\_\_\_\_  
 Number and Street City State Zip Code

6. **Phone:** Daytime \_\_\_\_\_ Cell \_\_\_\_\_

7. **Residency:** I have been residing in Kansas continuously since: month \_\_\_\_\_ year \_\_\_\_\_  
 Are you a registered voter? yes \_\_\_\_\_ no \_\_\_\_\_ If yes, note county \_\_\_\_\_  
 Do you have a motor vehicle? yes \_\_\_\_\_ no \_\_\_\_\_ If yes, provide State \_\_\_\_\_  
 Are you a citizen of the USA? yes \_\_\_\_\_ no \_\_\_\_\_ If no, provide Visa Status \_\_\_\_\_

8. **Emergency Contact:** \_\_\_\_\_  
 Name Relationship

\_\_\_\_\_   
 Street Address City State Zip Phone

9. **Enrollment Status:**  New Student  Former/Current Student

10. **Student Schedule:**

Dept	Course #	Course Ref. #	Course Title	Bldg, Room, Time	P/F, Audit ,Grade	Credit Hrs.	Tuition
ED	674	11766	Pedagogy of OPEN Physical Education			1	\$139.00
						Total Hrs.	
						Fees	
						Total Tuition & fees enclosed >	<b>\$139.00</b>

Fall and Spring semester fees: \_\_\_\_\_ for 3,4,5 credit hours \_\_\_\_\_ for 6 or more credit hours. >

All academic rules, regulations, and deadlines apply to this enrollment. See appropriate Class Schedule Bulletin for details. Falsification or omission of information may be grounds for suspension from the University.

11. **Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**For Office Use Only**

**Year, Semester/Term**

20\_\_\_\_\_

- Fall
- Spring
- Summer (Circle one)  
 Early Full Late

**Residency Status**

- In State
- Out of State
- \_\_\_\_\_

**Type of Payment**

- Check # \_\_\_\_\_
- Cash \_\_\_\_\_

University Registrar Date