



EXTENDED STUDIES

COURSE CREDIT REGISTRATION PACKET
Global Solutions for Sustainable Living

**Required Information*

Last Name*: _____ First Name*: _____ MI: _____

Date of Birth* (Month/Day/Year): ____/____/____ Social Security # ____-____-____

Mailing Address*: _____
 Street State/Zip

Phone*: (____) ____-____ Email Address*: _____

Sex: M ___ F ___ U.S. Citizen: Y ___ N ___ Do you have a bachelor's degree? Y ___ N ___

Ethnicity: Caucasian/White ___ Hispanic ___ American Indian ___ Black ___ Asian Pacific ___
 Other ___ Decline to Answer ___

Are you a degree-seeking student at Western Colorado University?* Y ___ N ___ If yes, list ID _____

PARENT OR LEGAL GUARDIAN EMERGENCY CONTACT INFORMATION

Name (s): _____ Relationship to Student: _____

Cell Phone: (____) ____-____ Other Phone: (____) ____-____ Email: _____

COURSE TITLE: Global Solutions for Sustainable Living

COURSE DATES: June 7th - June 12th, Monday - Saturday, 9AM-5PM

SELECT YOUR REGISTRATION*	COST
() Course and Undergraduate Credit	
1 Credit: ENVS 397:Special Topics	\$170
Course Fee	\$400
() Course and Graduate Credit	
1 Credit: ENVS 397:Special Topics	\$170
Course Fee and Accomodation	\$400

This packet is for registering for the Coldharbour's Global Solutions for Sustainable Living course and undergraduate or graduate level academic credit with Western Colorado University. If you do not wish to register for any academic credit, please contact Coldharbour directly to register for only the course.

REGISTRATION STEPS AND POLICIES

Academic credit award is based on these components:

- Student must be at least 9th grade or age equivalent.
 - School verification is required for students who are currently enrolled in high school (9th – 12th grade).
- The student's completion of the course.
- The student's fulfillment of the learning objectives as evaluated by the course instructor.

Credit Registration Steps:

- Register with Coldharbour for the course.
- Complete credit registration packet with Western and submit to outdoorprograms@western.edu at least 10 days prior to the course beginning.
- Receive "Registration Confirmation" email from Western with instructions on how to pay.
- Pay Western's Cashier's Office for balance due. Registration is complete.

Payment:

- 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 credit and assessed the full credit charge as a fee.
- Acceptable forms of payment include card (all but American Express), check, 529 savings plan and AmeriCorps Award.
- Only payments received, up to the amount billed by Western, will be recorded on 1098-T tax forms.

Cancellations, Transfers, Terminations:

- The student must notify Extended Studies in writing 10 days prior to the course start date of any credit registration cancellation and/or credit registration changes.
 - If a student notifies Extended Studies of a course cancellation and/or credit change 10 days or less of the course start date no refunds will be issued and the student is subject to a \$50 fee.
- Emergency situations are determined on a case by case basis. The student must notify Extended Studies in writing within 14 days of the emergency incident.
- If a student is terminated from a course there will be no refund issued and the student will receive a Technical Fail (TF) as their grade on their Western transcript.

Grades and Transcripts:

- 50% of the grade for the academic credit is based on attending morning seminars and 50% on the daily afternoon oral presentations.
- The course instructor will send the final grade to Western's Extended Studies to be recorded on the transcript 15 business days after the course is completed.
- Once a grade is available, the Extended Studies Office will notify the student by their email listed on their credit registration packet.
- Transcripts may be ordered at www.getmytranscript.com for a nominal fee.

I have read, understood and agreed to the above Registration Steps and Policies. Please initial here: _____

PAYMENT METHOD (Select all that apply)

Credit Card _____ Check or M/O _____ AmeriCorps Voucher _____ AmeriCorps Expiration Date*: _____ 529 Plan _____

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

Extended Studies General Waiver

Name: _____ Date: _____

- I understand and agree that some courses/programs offered through Extended Studies and Western Colorado University may be dangerous and may involve risk and that I am cognizant of the risks and dangers inherent with this activity. I understand and assume all the dangers and risks associated with this course/program. I also understand that I am not required to participate in such courses, but that such participation is optional.
- I agree not to use drugs or alcohol while participating in this course. I will bring no weapons, make no threats of violence or engage in any conduct that threatens the safety of others.
- As lawful consideration for being permitted by Extended Studies and Western Colorado University to participate in the referenced course/program, I 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 Extended Studies and Western Colorado University and all of their officers, directors, members, organizations, agents, employees and instructors of any injury or death caused by or resulting from my participation in the activity described above whether or not such injury or death was caused by their negligence or from any other cause.
- 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 on in such counties. Each party consents to the jurisdiction and venue of the appropriate Court in such counties.
- By signing my name below, I give consent for emergency medical treatment for me if it becomes necessary as a result of my participation in the Extended Studies programs. The information provided above is a complete and accurate statement of the physical and psychological factors that may affect my participation in the programs. I realize that failure to disclose such information could result in serious harm to me and /or my fellow students. I agree to indemnify and hold harmless Western Colorado University if all relevant information is not disclosed. I also agree to notify Western Colorado University should there be any change in my health status prior to or during the program.
- I understand that this agreement is valid for an annual period determined by the University and that I must sign a new waiver at the discretion of the University at the beginning of each annual period.

I acknowledge I have read and understood this Waiver and have signed it voluntarily. This is a release of liability. If under 18 years of age, signature of parent or guardian is also required.

Print Name: _____

Signature: _____ Date: _____

I acknowledge I have read and understood this Waiver and have signed it voluntarily.

Guardian Signature: _____

Guardian signature required if participant is under 18 years of age

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 Coldharbour 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, agents and employees of any injury or death caused by or resulting from my participation in the Activity described above, **WHETHER OR NOT 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

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

Date

Pages 1-4 are required in order for your credit registration to be processed by Extended Studies Outdoor Programs (*Page 5 is not required. 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 5 of this packet must be completed, signed and returned from the student*).

**If pages 1-4 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

1 Western Way

Gunnison, CO 81231

Thank you for registering through Western Colorado University!

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	MI
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Student Signature	Date
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IMPORTANT!! COMPLETE THIS SECTION BELOW. Parent/Guardian Information (If parents/guardians live at the same address, please list both in the first column)

Parent/Guardian Name(s)	Parent/Guardian Name(s)
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Address	Address
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City, State, Zip	City, State, Zip
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Telephone	Telephone
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Email	Email
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