



990 South Broadway
Suite 300 K-16
Denver, Colorado 80209
Office: (303) 458-4929

Application Form

Revised November 2008

INSTITUTION INFORMATION

Legal Name of Institution: _____

Main Campus Address: _____

City: _____

State: _____

Zip: _____

Phone: _____

Website: _____

Does your institution offer adult degrees/programs? _____

Yes

No

If yes, please list degrees/programs offered by institution: _____

Are students advised by FT Faculty or FT Academic Advisors? _____

Anticipated 1st term of enrollment: Year _____ (circle one) Fall Spring Summer

INSTITUTIONAL CONTACT INFORMATION

Program Liaison

The program liaison should be someone at your institution who has direct contact with students. An academic advisor, who meets with students on a regular basis to discuss course selection, degree requirements, and course schedules, is an ideal liaison.

Name: _____ Title: _____

Phone: _____ Email: _____

Registrar

The registrar should be someone at your institution who maintains enrollment/student records. This person will receive grade transmissions from the provider institution and process grades according to your institution's processes.

Name: _____ Title: _____

Phone: _____ Email: _____

Accounting Contact

The accounting contact should be someone at your institution who will be responsible for processing payments. This person will receive invoices based on OCICU enrollment numbers, obtain appropriate authorization, and issue payment.

Name: _____ Title: _____

Phone: _____ Email: _____

Official Notices

OCICU occasionally distributes official notices to members. Send official notices to:

Name: _____ Title: _____

Phone: _____ Email: _____