Form 708c

**Single Subject Student College Credit Application**

Please complete the form below to receive credit for the credit-eligible, single subject courses that you have successfully completed. There is a $50 onetime fee to receive credit for each application.

Please Note: If you would like to authorize the release of an official transcript, please complete the Transcript Request Application and pay the associated fees.

### Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#  Last First Initial Maiden

Social Security Number-Last 4 Digits: xxx-\_xxx-\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile/Day Telephone: (\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other Telephone: (\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The courses for which I would like to receive credit are:

Course Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date/Term: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Course Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date/Term: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Course Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date/Term: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Course Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date/Term: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I am authorizing payment for the following amount:

Total Fees: $ \_\_\_\_\_\_\_\_

Note: Requests will not be completed without payment of the all applicable fees.

**Signature:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Applicant

**Payment Information - Payment Information - Payments can be made by phone at 800-783-0097, fax or mail.**

\_\_\_Visa \_\_\_ MasterCard \_\_\_ Discover \_\_\_ AMEX

Credit Card Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expiration date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_ \*Three digit Security Code:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name as it appears on card: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Security code will be on the back of the card and is the last three numbers. If AMEX, this is a four-digit number.

Please send the completed form via fax or USPS to:

**Hondros College of Business ATTN: Registrar**

 4140 Executive Parkway, Westerville OH 43081 - Suite 222

Phone: 800-783-0097 or FAX #: 614-413-3914