

NON-MATRICULATED STUDENT REGISTRATION

SOCIAL SECURITY NUMBER: _____
 (or last 4 digits if you have attended the VT State Colleges in the past 3 years)

NAME: _____
 Last First MI

ADDRESS: _____

CITY: _____

STATE: _____ ZIP: _____

TELEPHONE: () _____

EMAIL ADDRESS: _____

HAVE YOU RESIDED IN VT THE LAST 12 CONSECUTIVE MONTHS? Yes No

IF NO, STATE OF RESIDENCY: _____

GENDER: (circle one) MALE FEMALE DATE OF BIRTH: _____

CITIZENSHIP: U.S. _____ RESIDENT ALIEN _____

FOREIGN NATIONAL _____ PRIMARY LANGUAGE _____
 (International students may be required to submit official TOEFL scores.)

ETHNIC BACKGROUND: (This will be used for compliance report of Institutions of Higher Education under Title IV of the Civil Rights Act of 1964, please circle one below.)

A--NON-RESIDENT ALIEN H--HISPANIC-LATINO
 B--BLACK I--AMERICAN INDIAN/ALASKAN NATIVE
 C--CAUCASIAN O--ASIAN/PACIFIC ISLANDER

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES _____ NO _____
 IF YES, PLEASE EXPLAIN ON REVERSE.

STUDENT TYPE: UNDERGRADUATE: _____ GRADUATE: _____

DO YOU HAVE: HIGH SCHOOL DIPLOMA _____ GED _____

NAME OF HIGH SCHOOL: _____

GRADUATE STUDENTS: DO YOU HAVE A BACHELOR'S DEGREE?
 YES _____ NO _____

NAME OF COLLEGE/UNIVERSITY: _____

STATEMENTS OF UNDERSTANDING:

- A. The Family Educational Rights and Privacy Act provides that colleges may release designated "Directory Information." To restrict release of this information you must complete a confidentiality statement available in the Student Services Center.
- B. Castleton State College reserves the right to make changes in course offerings, charges, regulations, and procedures as educational and financial considerations require.
- C. In accordance with Vermont Statutes Annotated, Title 16, Statute 176, Section 1 (C): I understand that credits earned at the Vermont State Colleges are transferable only at the discretion of the receiving school.
- D. Castleton State College grants permission for registration in accordance with the Non-Matriculated Student Registration Policy.
- E. I understand that I am responsible for all costs associated with registering for classes at Castleton State College
- F. I understand that providing false information on this Registration Form could result in denial of admission to courses or, if already admitted, expulsion from the College.

SIGNATURE: _____

DATE: _____

FOR OFFICE USE ONLY

| | | | | |
|---------|------|---------|------|-------|
| | | | | |
| CREDITS | RATE | TUITION | LABS | TOTAL |
| | | | | |

METHOD OF PAYMENT (Payment must accompany registration)

- CASH OR CHECK (Payable to Castleton State College)
- PURCHASE ORDER (Must be attached to registration form)
- CHARGE TO MY: MASTERCARD VISA
 DISCOVER AMEX

CARD VERIFICATION VALUE _____

ACCOUNT NUMBER: _____

EXPIRATION DATE: _____

NAME AS SHOWN ON CARD: _____
 (Please print)

SIGNATURE: _____

COURSE SELECTION

| SYNONYM | DISCIPLINE | NUMBER | SECTION | CREDITS | GRADE OPTION |
|---------------|------------|--------|---------|---------|--------------|
| | EDU | 6710 | C23 | 3 | |
| TOTAL CREDITS | | | | 3 | |

NOTE: If auditing the course, please place an "A" on the "Total Credits" line above.

EMERGENCY CONTACT:

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____

CITY: _____ ST _____ ZIP _____

TELEPHONE: _____