

## 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
	PED	5710	C01	3	
TOTAL CREDITS				<u>3</u>	

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

### EMERGENCY CONTACT:

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE: \_\_\_\_\_