# GRADUATE COURSES REGISTRATION FORM

# SPRING 2013

SAINT MICHAEL'S COLLEGE FOUNDED 1904

**Return to: Registrar's Office, Founders Hall 112, Box 3,**
**Saint Michael's College, One Winooski Park, Colchester, Vermont 05439; or Fax to 802.654.2690**
**For updated information on courses, go to www.smcvt.edu/graduate/courses.**

**Social Security #** ☐☐☐-☐☐-☐☐☐☐ **Saint Michael's ID #** ☐☐☐☐☐☐☐
*Required for IRS reporting*

**Name** ☐ **Mr.** ☐ **Mrs.** ☐ **Ms.** _____
Last First Middle

**Mailing Address** _____
Street/RFD/Box

_____
City/Town/State/Zip County

**Phone** *(Home)* _____ *(Other)* _____ **E-mail** _____

**Birth Date** _____ **Are you a US Citizen?** ☐ **Yes** ☐ **No** **What country if not USA?** _____
*(optional)* Month/Day/Year

**Have you been accepted into a degree program at Saint Michael's?** ☐ **Yes** ☐ **No** **If yes, which program?** _____

**If no, are you interested in a degree program at Saint Michael's?** ☐ **Yes** ☐ **No** **If yes, which program?** _____

**Have you previously taken a course with Saint Michael's College?** ☐ **Yes** ☐ **No**

**Are you currently a student at another institution?** ☐ **Yes** ☐ **No** **If yes, which one?** _____

**Name of Employer** _____ **Occupation or Profession** _____

**What level of education have you achieved?** ☐ **Bachelor's Degree** ☐ **Master's Degree** ☐ **Other**

Please indicate institution _____
*Registrar may request verification of degree(s) as a condition of registration.*

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**For statistical purposes only** *(optional)*
**Gender:** ☐ **Male** ☐ **Female**

**Saint Michael's College is required to report racial composition of its student population to the United States Department of Education.**

**Please indicate your racial/ethnic background by answering both questions below.**
**1. Are you Hispanic or Latino?** ☐ **Yes, Hispanic or Latino (including Spain)** ☐ **No**
**2. Regardless of your answer to the previous question, please check one or more of the following groups in which you consider yourself to be a member:**

- ☐ **American Indian (including all Original Peoples of the Americas)**
- ☐ **Black or African American (including Africa and Caribbean)**
- ☐ **White (including Middle Eastern)**
- ☐ **Asian (including Indian subcontinent and Philippines)**
- ☐ **Native Hawaiian or Other Pacific Islander (Original Peoples)**

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A $50 deposit per course is due upon registration. This deposit is deducted from the total tuitions due, but is non-refundable.
Balance is due prior to first class meeting.

**Tuition Rates:** **Graduate - $570.00 per credit hour** **Audit - $285.00 per credit**

| Course Code | Course Title | *(Check One)* Audit | Credit | # of Credits | Tuition |
|---|---|---|---|---|---|
| | | | | | $ |
| | | | | | $ |
| | | | | | $ |
| | | | | | $ |

| | |
|---|---|
| **Total Tuition** | $ |
| **Other fees** *(including deferment fee)* | $ |
| **Total Due** | $ |
| **Check Enclosed** | $ |
| **Charge to Credit Card** | $ |
| **Balance Due** | $ |

- ☐ **Check Enclosed. Amount: $**_____
- ☐ **I will charge $**_____ **to my MC / Discover / American Express** *(circle one)* **using the Tuition Direct Program (800.556.6684). Date contacted:**_____
- ☐ **I receive tuition reimbursement from my employer.** *(must submit SMC Deferred Payment Form)*
- ☐ **I have applied/will be applying for financial aid.**
- ☐ **Saint Michael's employee or spouse / dependent**
- ☐ **I will charge $**_____ **to my MC / Discover by going to www.smcvt.edu/paymentcenter**

Students should be advised that credits earned at Saint Michael's College are transferable at the discretion of the receiving institution. I understand that my registration is not complete until all outstanding charges have been paid in full and that my information on the Registration Form is accurate. Should my account enter past due status, I understand collection activity may include referral to a collection agency, reporting to the credit bureau, denial of future Saint Michael's aid, denial of all College services including access to classes. I agree to pay all associated collection costs and expenses including reasonable attorney's fees.

**Signature** _____ **Date:** _____