



SAINT MICHAEL'S COLLEGE
Office of the Registrar
One Winooski Park
Colchester, Vermont 05439
Telephone: (802) 654-2571
Fax: (802) 654-2690

UNDERGRADUATE REGISTRATION FORM

Fall 2007

Please bring completed form to the Registrar's Office, Founders Hall 112

Social Security # - - Saint Michael's ID #

Name Mr. Mrs. Ms. _____
Last First Middle

Mailing Address _____
Street/RFD/Box

City/Town/State/Zip _____ County _____

Telephone (H) _____ (W) _____ Birth Date _____
Month/Day/Year

Are you a US Citizen? Yes No What Country if not USA? _____

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

Have you previously taken a course at Saint Michael's College? Yes No

Name of Employer _____ Occupation or Profession _____

In Case of Emergency, please call: _____
Name Relationship to Student Telephone #

What level of education have you achieved? High School/GED Associate Degree
 Bachelor Degree Master's Degree
 Other Please indicate institution _____

Reasons for taking courses: Professional Advancement Personal Enrichment
 Degree Requirement Other

For Statistical Purposes Only (Optional) Gender: Male Female

Ethnic: White, Non-Hispanic Hispanic American Indian Native Alaskan
 Black, Non-Hispanic Asian or Pacific Islander Non-Resident Alien

Check One or More:
Employee _____
Non-Degree _____
SIS _____
National Guard _____

Course Code	Course Title	Check One		# of Credits	Tuition
		Audit	Credit		
					\$
					\$
					\$
					\$
					\$

Tuition Rates: \$990.00 per credit

I receive tuition reimbursement from my employer
 Deferment from enclosed Will be submitted before class starts

Saint Michael's employee or spouse/dependent

Check Enclosed. Amount: \$ _____

I will Charge \$ _____ to my VISA/MC/Discover (circle one) using the AMS Tuition

Direct payment plan (1-800-762-8370). Date AMS contacted: _____

Total Tuition	\$ _____
Other Fee	\$ _____
Total Due	\$ _____
Check Enclosed	\$ _____
Credit Card Charge	\$ _____
Balance Due	\$ _____

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.

Signature _____ Date _____