

*Please note: Course schedule information is subject to change after the brochure is printed. For updated information on courses, visit: www.smcvt.edu/graduate/courses.

GRADUATE PROGRAMS REGISTRATION FORM

SUMMER 2009

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, visit our Web site at: 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? _____

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

Name of Employer _____ Occupation or Profession _____

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

Other Please indicate institution _____

Program Directors may request verification of degree(s) as a condition of registration.

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

Proof of insurance is required for all international students.



FOR GRADUATE USE

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

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

Tuition Rates: Graduate - \$490.00 per credit Audit - \$245.00 per credit
 MSA - \$485.00 per credit MSA Audit - \$242.50 per credit

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

Total Tuition	\$ _____
Other Fees <i>(including deferment fee)</i>	\$ _____
Total Due	\$ _____
Check Enclosed	\$ _____
Charge to Credit Card	\$ _____
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 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 _____