SAINT MICHAEL'S COLLEGE FOUNDED 1904

Office of the Registrar
One Winooski Park, Colchester, VT-05439
Telephone: 802.654.2571 Fax: 802.654.2690

UNDERGRADUATE REGISTRATION FORM

Fall 2011

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

_____ **E-mail** _____
City/Town/State/Zip County

Telephone (H) _____ **(W)** _____ **(C)**_____ **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**

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)

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

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

Tuition Rates: **$1,200.00 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 MC/Discover/American Express (circle one) using the Tuition Direct Program (1-800-556-6684). Date Tuition Direct 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** _____