

UNDERGRADUATE 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, check our Web site at: www.smcvt.edu/summer

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

Telephone (H) _____ (W) _____ Birth Date _____ E-mail _____
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? _____

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

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 _____

In case of emergency, please call: _____
Name Relationship to Student Telephone #

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

Registrar may request verification of high school degree 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.



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: Undergraduate - \$490.00 per credit Audit - \$245.00 per credit

- I will charge \$ _____ to my MC/Discover/American Express (circle one) using the Tuition Direct Program (800.556.6684). Date Tuition Direct contacted: _____
- I receive tuition reimbursement from my employer.
 - Deferment form enclosed Will be submitted before class starts
- Saint Michael's employee or spouse/dependent
- Check Enclosed. Amount: \$ _____

Total Tuition	\$ _____
Other Fees <small>(including deferment fee)</small>	\$ _____
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 _____