

VERMONT DUAL ENROLLMENT PROGRAM

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
 E-mail to: OfficeoftheRegistrar@smcvt.edu

Social Security # - Saint Michael's ID #

Name _____
Last First Middle

Mailing Address _____
Street/RFD/Box City/Town/State/Zip

Phone (Home) _____ (Cell) _____ E-Mail Address _____

Birth Date _____ Are you a US Citizen? Yes No What Country if not USA? _____
Month/Day/Year

Parent Name _____
Last First Middle Initial

Parent Mailing Address _____
Street/RFD/Box City/Town/State/Zip

Parent Phone _____ Parent E-Mail _____

High School Attending _____

Guidance Counselor Name _____

Guidance Counselor Phone _____ E-Mail Address _____

For statistical purposes

Gender: Male Female

Saint Michael's College is required to report the racial composition of its student population to the United States Department of Education.
 Please indicate your racial/ethnic background by answering both questions below.

- Are you Hispanic or Latino? Yes, Hispanic or Latino (including Spain) No
- 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:

<input type="checkbox"/> American Indian (including all Original Peoples of the Americas)	<input type="checkbox"/> Asian (including Indian subcontinent and Philippines)
<input type="checkbox"/> Black or African American (including Africa and Caribbean)	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander (Original Peoples)
<input type="checkbox"/> White (including Middle Eastern)	

Course Selection

TERM	COURSE			COURSE TITLE
	DEPT	NUMBER	SECTION	

I understand that by taking this course at Saint Michael's College any information related to my enrollment, attendance and performance in this course can be shared with the principal or designee at my high school. I also give permission for the information mentioned above to be released to my parents/guardians.

Signature _____ Date _____