

UNDERGRADUATE COURSES REGISTRATION FORM



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

Social Security # - Saint Michael's ID #

Required for IRS reporting

Name Mr. Mrs. Ms. _____
Last First Middle

Mailing Address _____
Street/RFD/Box E-mail _____

City/Town/State/Zip County

Phone (Home) _____ (Work) _____ (Cell) _____

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? _____

If no, are you interested in 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

Are you currently a student at another institution? Yes No If yes, which one? _____

Name of Employer _____ Occupation or Profession _____

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

Please indicate institution _____
Registrar may request verification of degree(s) as a condition of registration.

For statistical purposes only *(optional)*

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.

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) Asian (including Indian subcontinent and Philippines)
- Black or African American (including Africa and Caribbean) Native Hawaiian or Other Pacific Islander (Original Peoples)
- White (including Middle Eastern)

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

Tuition Rates: Undergraduate - \$1445.00 per credit hour Audit - \$722.50 per credit

Course Code	Course Title	<i>(Check One)</i>		# of Credits	Tuition
		Audit	Credit		
					\$
					\$
					\$
					\$
					\$
Total Tuition					\$
Other fees <i>(including deferment fee)</i>					\$
Total Due					\$
Check Enclosed					\$
Charge to Credit Card					\$
Balance Due					\$

- Check Enclosed. Amount: \$ _____
- I will remit \$ _____ on my MC / VISA / Discover / e-check by going to www.smcvt.edu/paymentcenter
- 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

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, transcripts and diploma. To the extent permitted by Vermont law, I agree to pay all costs and expenses, including reasonable attorney's fees and fees of any collection agency, which may be based on a percentage at a maximum of 33% of the principal amount owed.

Signature _____ Date: _____