

NON-MATRICULATED STUDENT REGISTRATION

FALL / SPRING / SUMMER 20_____

SOCIAL SECURITY NUMBER: _____
(or last 4 digits if you have attended the VT State Colleges in the past 3 years)

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: (_____) _____

E-MAIL ADDRESS: _____

HAVE YOU RESIDED IN VT FOR THE LAST 12 CONSECUTIVE MONTHS? YES _____ NO _____

IF NO, STATE OF RESIDENCY: _____

GENDER: MALE ___ FEMALE ___ DATE OF BIRTH: _____

CITIZENSHIP: U.S. _____ RESIDENT ALIEN _____

FOREIGN NATIONAL _____ PRIMARY LANGUAGE _____
(International students may be required to submit official TOEFL scores.)

ETHNIC BACKGROUND: (This will be used for compliance report of Institutions of Higher Education under Title IV of the Civil Rights Act of 1964, please circle one below)

- | | |
|----------------------|----------------------------------|
| A-NON-RESIDENT ALIEN | H-HISPANIC-LATINO |
| B-BLACK | I-AMERICAN INDIAN/ALASKAN NATIVE |
| C-CAUCASIAN | O-ASIAN/PACIFIC ISLANDER |

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES ___ NO ___ IF YES, PLEASE EXPLAIN ON REVERSE.

STUDENT TYPE: UNDERGRADUATE _____ GRADUATE _____

DO YOU HAVE: HIGH SCHOOL DIPLOMA _____ GED _____

NAME OF HIGH SCHOOL: _____

GRADUATE STUDENTS: DO YOU HAVE A BACHELOR'S DEGREE? YES _____ NO _____

NAME OF COLLEGE/UNIVERSITY: _____

METHOD OF PAYMENT (PAYMENT MUST ACCOMPANY REGISTRATION)	
_____ CASH OR CHECK (Payable to Castleton State College)	
CHARGE TO MY: _____ MASTERCARD _____ VISA _____ AMEX	
_____ DISCOVER _____ CARD VERIFICATION VALUE _____	
ACCOUNT NUMBER _____	
EXPIRATION DATE: _____	
NAME AS SHOWN ON CARD: (Please print): _____	
SIGNATURE: _____	

COURSE SELECTIONS						
SYNONYM	DISCIPLINE	NUMBER	SECTION	CREDIT	GRADE OPTION	CONSENT IF REQUIRED
TOTAL CREDITS						

EMERGENCY CONTACT:

NAME: _____ RELATIONSHIP _____

ADDRESS: _____

CITY: _____ ST: _____ ZIP: _____

TELEPHONE: _____

STATEMENTS OF UNDERSTANDING:

- A. The Family Educational Rights and Privacy Act provides that colleges may release designated "Directory Information." To restrict release of this information you must complete a confidentiality statement available in the Student Services Center.
- B. Castleton State College reserves the right to make changes in course offerings, charges, regulations, and procedures as educational and financial considerations require.
- C. In accordance with Vermont Statutes Annotated, Title 16, Statute 176, Section 1 (C): I understand that credits earned at the Vermont State Colleges are transferable only at the discretion of the receiving school.
- D. Castleton State College grants permission for registration in accordance with the Non-Matriculated Student Registration Policy available in the Student Services Center.
- E. I understand that I am responsible for all costs associated with registering for classes at Castleton State College.
- F. I understand that providing false information on this Registration Form could result in denial of admission to courses or, if already admitted, expulsion from the College.

SIGNATURE: _____

DATE: _____

FOR OFFICE USE ONLY					
CREDITS	RATE	TUITION	FEES	LABS	TOTAL