Castleton
A VERMONT STATE COLLEGE

MATRICULATED STUDENT REGISTRATION

FALL / SPRING / SUMMER 20____

STUDENT ID NUMBER: _____

NAME: _____

HOME

ADDRESS: _____

CITY:_____ STATE: _____ ZIP: _____

TELEPHONE: (_____) _____

E-MAIL ADDRESS: _____

LOCAL (If not living on campus)

ADDRESS: _____

CITY: _____ STATE_____ ZIP_____

TELEPHONE: (_____) _____

COURSE SELECTIONS

SYNONYM	SUBJECT	NUMBER	SECTION	CREDIT	GRADE OPTION	CONSENT IF REQUIRED

TOTAL CREDITS

Fall and Spring Semesters Only

_____ _____
Advisor 1 Signature Date

_____ _____
Advisor 2 Signature Date

Recommended Credit Load _____

Maximum Overload Credits _____

_____ _____
Registrar Approval for Overload Date

EMERGENCY CONTACT:

NAME: _____RELATIONSHIP _____

ADDRESS:_____

CITY: _____ ST: _____ ZIP: _____

TELEPHONE: _____

IMPORTANT INFORMATION:

1. An application for degree must be submitted on or before May 1 prior to the academic year in which the degree is awarded, or, for December graduates, on or before December 1 of the year prior to the academic year in which the degree is awarded.
2. Changes of address or name should be submitted in writing directly to the Student Services Center.
3. 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.

STATEMENTS OF UNDERSTANDING:

A. 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.

B. I understand that I am responsible for all costs associated with registering for classes at Castleton State College.

C. I am aware that the final responsibility for fulfilling the requirements for any degree granted by Castleton State College rests with me.

SIGNATURE:_____ DATE:_____

Registration is not valid until this form is completed and signed.

FOR OFFICE USE ONLY

CREDITS	RATE	TUITION	LABS	FEES	TOTAL

PAYMENT METHOD (PAYMENT MUST ACCOMPANY **SUMMER** REGISTRATIONS)

_____ 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:_____

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