



NAME: _____ STUDENT ID: _____

COURSE SELECTIONS

SYNONYM	DISCIPLINE	NUMBER	SECTION	CREDITS	GRADE OPTION	CONSENT IF REQUIRED

TOTAL CREDITS: _____

ADVISOR 1 SIGNATURE: _____ DATE: _____

ADVISOR 2 SIGNATURE: _____ DATE: _____

REGISTRAR APPROVAL FOR OVERLOAD: _____ DATE: _____

STATEMENT OF UNDERSTANDING:

- A. The Family Educational Rights and Privacy Act (FERPA) provides that colleges may release designated "directory information." To restrict release of this information you must complete a confidentiality statement available in the Financial & Registration Services center.
- B. Castleton University 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 University grants permission for registration in accordance with the non-matriculated student registration policy available in the Financial & Registration Services center.
- E. I understand that I am responsible for all costs associated with registering for classes at Castleton University. I agree that if my account is not paid when due, I agree to pay all costs of collections including interest, collection agency fees which may be based on a percentage of debt up to a maximum of 33.33%, attorney's fees, and other costs related to collection of my account.
- 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 university.

FOR OFFICE USE ONLY

CREDITS	RATE	TUITION	FEES	LABS	TOTAL

SIGNATURE: _____ DATE: _____

REGISTRATION IS NOT VALID UNTIL THIS FORM IS COMPLETED AND SIGNED.

CASH OR CHECK ACCEPTED • CHECKS PAYABLE TO **CASTLETON UNIVERSITY**