

MATRICULATED S	STUDENT	REGISTR	ATION
SEMESTER) <u>.</u>		

					CC	OURSE SELECTIO	NS		
	DISCIPLINE	NUM	BER	SECTIO)N	CREDITS	GRADE OPTION	CONSENT IF REQIRED	
							TOTAL CREDITS:		
ADVI:	SOR 1 SIGNAT	URE:						_ DATE:	
							DATE:		
REGISTRAR APPROVAL FOR OVERLOAD:							_ DATE:		
STAT	EMENT OF U	NDERSTANDI	ING:						
provides that colleges may release designated "directory information." To restrict release of this information you must complete a confidentiality statement available in the Financial						Castleton University grants permission for registration in accordance with the non-matriculated student registration policy available in the Financial & Registration Services center. 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. I understand that providing false information on this registration form could result in denial of admission to courses or, if already			
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.									
	OFFICE USE O						admitted, expulsion f		
						7			
	DITS RATE	TUITION	FEES	LABS	TOTAL	SIGNATURE:		DATE:	