Castleton University

NON-MATRICULATED STUDENT REGISTRATION

SEMESTER: _____

NAME: _____

SOCIAL SECURITY NO.: _____
OR LAST FOUR DIGITS OF SSN IF ATTENDED VSCS IN THE LAST 4 YEARS, OR STUDENT ID NO.

DATE OF BIRTH: _____
MONTH/DAY/YEAR

ADDRESS: _____

_____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: (_____) _____

EMAIL: _____

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

IF NO, STATE OF RESIDENCE: _____

SEX ASSIGNED AT BIRTH: MALE _____ FEMALE _____

I IDENTIFY AS _____

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

1. ARE YOU HISPANIC/LATINO: YES _____ NO _____

2. SELECT ONE OR MORE TO DESCRIBE YOUR RACIAL BACKGROUND

_____ AMERICAN INDIAN/ALASKAN NATIVE

_____ BLACK OR AFRICAN-AMERICAN

_____ NATIVE HAWAIIAN OR PACIFIC ISLANDER

_____ ASIAN

_____ WHITE

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

STUDENT TYPE: UNDERGRADUATE _____ GRADUATE _____

DO YOU HAVE: HIGH SCHOOL DIPLOMA _____ GED _____
IF NOT, MUST SEE ADMISSIONS OFFICE

DID YOU GRADUATE FROM A VERMONT HIGH SCHOOL?

YES _____ NO _____ YEARS OF ATTENDANCE _____

IF YES, NAME OF SCHOOL _____ YEAR _____

GRADUATE STUDENTS: DO YOU HAVE A BACHELOR'S DEGREE?

YES _____ NO _____ NAME OF COLLEGE/UNIVERSITY: _____

FOR OFFICE USE ONLY

CREDITS	RATE	TUITION	FEES	LABS	TOTAL

SYNONYM	DISCIPLINE	NUMBER	SECTION	CREDITS	GRADE OPTION	CONSENT IF REQIRED
TOTAL CREDITS:						

EMERGENCY CONTACT:

NAME: _____ RELATIONSHIP: _____

TELEPHONE: (_____) _____

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.

SIGNATURE: _____

PAYMENT MUST ACCOMPANY REGISTRATION:
CASH OR CHECK ACCEPTED
CHECKS PAYABLE TO *CASTLETON UNIVERSITY*

6/28/21