# GRADUATE PROGRAMS REGISTRATION FORM

FALL 2010

SAINT MICHAEL'S COLLEGE FOUNDED 1904

Return to: Graduate Education Programs
Saint Michael's College, One Winooski Park, Box 281, Colchester, Vermont 05439

Social Security # ☐☐☐ ☐☐ ☐☐☐☐ Saint Michael's ID # ☐☐☐☐☐☐☐
*Required for IRS reporting*

Name ☐ Mr. ☐ Mrs. ☐ Ms. _____
Last First Middle

Mailing Address _____
Street/RFD/Box

_____
City/Town/State/Zip County

Phone *(Home)* _____ *(Other)* _____ E-mail _____

Birth Date _____ Are you a US Citizen? ☐ Yes ☐ No What country if not USA? _____
*(optional)* Month/Day/Year

Have you been accepted into a degree program at Saint Michael's? ☐ Yes ☐ No If yes, which program? _____

If no, are you interested in a degree program at Saint Michael's? ☐ Yes ☐ No If yes, which program? _____

Have you previously taken a course with Saint Michael's College? ☐ Yes ☐ No

Are you currently a student at another institution? ☐ Yes ☐ No If yes, which one? _____

Name of Employer _____ Occupation or Profession _____

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What level of education have you achieved? ☐ Bachelor's Degree ☐ Master's Degree ☐ Other

Please indicate institution _____
*Program Directors may request verification of degree(s) as a condition of registration.*

For statistical purposes only *(optional)*
Gender: ☐ Male ☐ Female
Ethnic: ☐ White, Non-Hispanic ☐ Black, Non-Hispanic ☐ Hispanic ☐ American Indian
☐ Native Alaskan ☐ Asian or Pacific Islander ☐ Non-Resident Alien

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Instructor (s): Geoffrey Gevalt Sponsor: Young Writers Project

| Course Code | Course Title | # of Credits |
|---|---|---|
| GED 527C | YWP: DIGITAL WRITING PRACTICUM | 3 |

## Off Campus Contract Course

**Deffered payment forms and course vouchers are not accepted for off campus contract courses.**
**Course fees are paid directly to Saint Michael's College by the course sponsor.**

Students should be advised that credits earned at Saint Michael's College are transferable at the discretion of the receiving institution. I understand that my registration is not complete until all outstanding charges have been paid in full and that my information on the Registration Form is accurate. Should my account enter past due status, I understand collection activity may include referral to a collection agency, reporting to the credit bureau, denial of future Saint Michael's aid, denial of all College services including access to classes. I agree to pay all associated collection costs and expenses including reasonable attorney's fees.

Signature _____ Date: _____