



**SOUTHERN VERMONT COLLEGE
NON-MATRICULATED STUDENT
REGISTRATION FORM**

NAME: _____ **SOCIAL SECURITY:** _____
ADDRESS: _____ **HOME PHONE:** _____
_____ **EMERGENCY PHONE:** _____
_____ **EMERGENCY CONTACT:** _____
E-MAIL ADDRESS: _____ **EMPLOYER:** _____
BUSINESS PHONE: _____

DATE OF BIRTH: ____ / ____ / ____

SEMESTER: _____ **FALL** _____ **SPRING** _____ **SUMMER**

Course & Section #	Course Title	Day	Time
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total Credits _____

ALTERNATE COURSE SELECTIONS

Course & Section #	Course Title	Day	Time
_____	_____	_____	_____
_____	_____	_____	_____

COLLEGE OFFICIAL SIGNATURE: _____

Read carefully and sign:

- I assume full responsibility to become aware of all Southern Vermont College policies and procedures (available in the Student Handbook--online at www.svc.edu/registrar/hindex.html).
- I assume full financial responsibility for all charges associated with this registration; I understand my bill will include health insurance. See the Business Office for payment arrangements and insurance waiver.
- I understand and accept the above statements.

STUDENT'S SIGNATURE: _____ **DATE:** _____