



Southern Vermont College Early Enrollment Agreement Form

The following are the terms and requirements of an agreement between Southern Vermont College and _____ High School for the student named below to pursue a college course(s) at SVC, with college credit granted by Southern Vermont College upon evidence of satisfactory completion of the course(s) by the student.

1. The course will be taught on the Southern Vermont College campus, and the registration will be on a space-available basis. If a seat held by a high school student is needed for a matriculated SVC student, the seat will be relinquished.
2. A letter of recommendation from a guidance counselor stating that the student is a senior and has the ability to complete college-level work successfully must accompany this agreement.
3. An official high school transcript.
4. All students attending classes on the Southern Vermont College campus will be billed a health insurance fee. If a student is already covered, the fee will be waived with proper documentation.
5. The student will be required to pay a \$100 fee for a standard three-credit course to Southern Vermont College in order to register for the course.
6. Students may not take more than six credits of coursework per semester (limit of twelve credits overall).
7. Students may take 100-level courses and higher-level courses with the approval of the Academic Dean.
8. Students must register in person at the College. Phone and mail-in registrations will not be accepted.

This agreement is binding only if signed by all of the following:

I have read the above agreement and fully understand the terms set forth.

High School Principal

Student

Guidance Counselor

Parent/Guardian

Southern Vermont College Registrar

**SOUTHERN VERMONT COLLEGE
HIGH SCHOOL STUDENT
REGISTRATION FORM**

NAME: _____ SOCIAL SECURITY #: _____
 ADDRESS: _____ HOME PHONE: _____
 _____ EMERGENCY PHONE: _____
 _____ EMERGENCY CONTACT: _____
 E-MAIL ADDRESS: _____ HIGH SCHOOL: _____
 HIGH SCHOOL PHONE: _____
 DATE OF BIRTH: ____/____/____
 SEMESTER: ____ FALL ____ SPRING ____ SUMMER

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

Total Credits _____

COLLEGE OFFICIAL SIGNATURE: _____

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.

STUDENT'S SIGNATURE _____ DATE _____