TERM: _____

REGISTRATION FORM
VINCENNES UNIVERSITY
www.vinu.edu

Program _____

Class Location _____

email address:

_____

NOTE: Some of the requested information is needed for Federal Reports

Please Print

Social Security No. _____ Student ID _____

Legal Name _____ Date _____
last first middle maiden

Address _____ County _____
street city state zip code

Home Phone ( ) _____ Birth Date _____ Citizenship: US_____ Other _____

Employer _____
name of company street city state

Single _____ Married _____ Male _____Female_____Race_____Business Phone_____

Major at VU_____Major number_____Advisor_____

Parent/Guardian/Spouse_____

Last college attended_____Dates attended_____ to _____
Month/Year Month/Year

H.S. attended_____Dates attended_____ to _____
Month/Year Month/Year

CRN	COURSE NUMBER	SECT	TITLE	HRS	DAY	TIME	BLDG/RM	INSTRUCTOR
			TOTAL					

Financial Assistance _____CDV _____ SSP _____ Other _____

Tuition $ _____
Fees $ _____
Balance Due $ _____

VINCENNES UNIVERSITY RECEIPT

Payment received from:_____ $ _____

Check#_____ Cash_____ (For credit card payments please use other form)

Cashier _____ Date_____

THIS IS YOUR RECEIPT, PLEASE KEEP FOR YOUR RECORDS

I agree that if I withdraw from school, the withdrawal will not be approved until all of my financial obligations are cleared and the refund policy of Vincennes University as stated in the catalog will apply. Refunds due to any student cannot be made as long as the student has any account balance due to Vincennes University.

Date_____ Signed _____

Form 09-15-06

White	Registrar's copy
Canary	Office copy
Pink	Site Manager's copy
Goldenrod	Student's copy