PRE-REGISTRATION FORM

OFFICE OF THE REGISTRAR
Saint Vincent College

Latrobe, Pennsylvania 15650-2690
(724) 537-4559

For Office Use Only
EMPLOYER REIMBURSEMENT? ☐ YES ☐ NO
EMPLOYER _____
TUITION STATUS _____
PAYMENT AMOUNT $ _____
☐ CASH ☐ CHECK #_____ ☐ VISA ☐ MASTERCARD
GRADUATE OF: ☐ SVC ☐ OTHER 4-YEAR
NOTES: _____

For Office Use Only

Please answer fully, use a ballpoint pen.
Press firmly, you are making three copies.

☐ FALL ☐ SPRING ☐ SUMMER 20_____

☐ Check (✓) if new address:

NAME _____
(Last) (First) (Middle)

ADDRESS _____
(Street or Route)

CITY _____ STATE _____ ZIP _____

TELEPHONE _____
(Day) (Evening)

SOCIAL SECURITY NUMBER _____

SHC*	Course No. (e.g. BA 100)	Section No.	Title	Credit Hours	Days	Time	Instructor	Pass/ Fail*	Audit*
			Academic Seal		Total Hours				

*Enter a check (✓) in these columns if it is a Seton Hill College course or if you wish to take the course for the Pass/Fail or Audit options.

Please check one: ☐ DIVORCED ☐ MARRIED ☐ SINGLE ☐ WIDOWED

Please check one: ☐ FEMALE ☐ MALE

Please check one: ☐ ASIAN ☐ BLACK ☐ FOREIGN (Visa Status_____) ☐ HISPANIC ☐ NATIVE AMERICAN INDIAN/ ESKIMO ☐ WHITE, NON-HISPANIC

ARE YOU A VETERAN? ☐ YES ☐ NO

DATE OF BIRTH _____

PLACE OF BIRTH _____

RELIGIOUS PREFERENCE _____
(Please indicate denomination)

Please check one:
☐ DEGREE
☐ NON-DEGREE
☐ POST-BACCALAUREATE
☐ PRE-COLLEGE

HAVE YOU TAKEN COURSES AT SAINT VINCENT BEFORE?
☐ YES ☐ NO
IF SO, WHEN? _____

IF YOU ATTEND ANOTHER COLLEGE FULL TIME, WHAT IS ITS NAME?
_____

SAINT VINCENT COLLEGE DOES NOT DISCRIMINATE AGAINST SEX, AGE, RACE, RELIGION OR CREED.

_____
Student's signature

_____
Advisor's signature

_____
Date

N.B. Registration is not completed until the first week of classes when the student receives Financial Clearance and I.D. card validation.