

PRE-REGISTRATION FORM

OFFICE OF THE REGISTRAR
Saint Vincent College
Latrobe, Pennsylvania 15650-2690
724-537-4559



ID Number

Please complete all sections.

FALL SPRING X SUMMER 20 21

For Office Use Only

EMPLOYER REIMBURSEMENT? YES NO

EMPLOYER

TUITION STATUS

PAYMENT AMOUNT \$

CASH CHECK # VISA MASTERCARD

GRADUATE OF: SVC OTHER 4-YEAR

NOTES:

NAME (Last) (First) (Middle)
ADDRESS (Street or Route)
CITY STATE ZIP
TELEPHONE (Day) (Evening)
EMAIL
SOCIAL SECURITY NUMBER

Table with columns: 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 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
Are you Hispanic or Latino? YES NO
Select one or more of the following to describe your race:
American Indian or Alaska Native
Asian
Black or African American
Native Hawaiian or Other Pacific Islander
White
ARE YOU A VETERAN? YES NO
DATE OF BIRTH
PLACE OF BIRTH
RELIGIOUS PREFERENCE
(Please indicate denomination)
I would like to explore a vocation to the religious life or priesthood. YES NO

Are you enrolling in (check one):
DEGREE
HIGH SCHOOL CREDIT PROGRAM
X 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.