

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: _____

ID Number _____

Please complete all sections.

FALL SPRING SUMMER 2022

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

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

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
 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.

Academic Seal

Total Hours _____
 * Enter a check (✓) in these columns if you wish to take the course for the Pass/Fail or Audit options.

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.