

**Course Title: "Introduction to the Electronic Canvas for Artists and Art Teachers"**  
**PLEASE PRINT**

NAME: LAST \_\_\_\_\_ FIRST \_\_\_\_\_ MI \_\_\_\_\_

FORMER NAME: \_\_\_\_\_ COLLEGE ID#: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE: ( ) \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

1. HAVE YOU RESIDED IN VT THE LAST 12 CONSECUTIVE MONTHS? YES  NO  IF NO, STATE OF RESIDENCY: \_\_\_\_\_

2. GENDER:  MALE  FEMALE

3. CITIZENSHIP: U.S.  RESIDENT ALIEN  FOREIGN NATIONAL  PRIMARY LANGUAGE   
(International students may be required to submit official TOEFL scores.)

4. ETHNIC BACKGROUND: (This will be used for compliance report of Institutions of Higher Education under Title IV of the Civil Rights Act of 1964)

Please answer both questions: 1. ARE YOU HISPANIC/LATINO?  YES  NO

2. SELECT ONE OR MORE FROM THE FOLLOWING TO DESCRIBE YOUR RACIAL BACKGROUND:

AMERICAN INDIAN/ALASKAN NATIVE  ASIAN  BLACK OR AFRICAN AMERICAN

NATIVE HAWAIIAN OR PACIFIC ISLANDER  WHITE

5. HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES  NO  (IF YES, PLEASE EXPLAIN ON REVERSE)

6. STUDENT TYPE: UNDERGRADUATE:  GRADUATE:

7. DO YOU HAVE: HIGH SCHOOL DIPLOMA  GED  NAME OF HIGH SCHOOL: \_\_\_\_\_

8. GRADUATE STUDENTS: DO YOU HAVE A BACHELOR'S DEGREE? YES  NO

NAME OF COLLEGE/UNIVERSITY: \_\_\_\_\_

9. STATEMENTS OF UNDERSTANDING:

- A. The Family Educational Rights and Privacy Act provides that colleges may release designated "Directory Information." To restrict release of this information you must complete a confidentiality statement available in the Student Services Center.
- B. Castleton State College reserves the right to make changes in course offerings charges, regulations, and procedures as educational and financial considerations require.
- C. In accordance with Vermont Statutes Annotated, Title 16, Statute 176, Section 1 (C): I understand that credits earned at the Vermont State Colleges are transferable only at the discretion of the receiving school.
- D. Castleton State College grants permission for registration in accordance with the Non-Matriculated Student Registration Policy.
- E. I understand that I am responsible for all costs associated with registering for classes at Castleton State College
- F. I understand that providing false information on this Registration Form could result in denial of admission to courses or, if already admitted, expulsion from the College.

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

Credit Card # \_\_\_\_\_ Type \_\_\_\_\_ Exp. Date \_\_\_\_\_ Code \_\_\_\_\_

COURSE SELECTION					
SYNONYM	DISCIPLINE	NUMBER	SECTION	CREDITS	GRADE OPTION
	EDU	5515	C15	3	
				<b>TOTAL CREDITS</b>	<b><u>3</u></b>

NOTE: If auditing the course, please place an "A" on the "Total Credits" line.

Individuals are responsible for their respective tuition in the amount of \$345.00 payable to Castleton State College. Please mail along with this course registration form to Karen McGurl at Castleton Center for Schools, P. O. Box 6049, Rutland, Vermont 05702, (802) 770-7060 FAX: (802) 770-7089

Email: [karen.mcgurl@castleton.edu](mailto:karen.mcgurl@castleton.edu)