

Student Registration Form –Fall 2009 - 2010

Campus-Based Programs

Please print! Complete all sections and sign below.
 Questions? Call the Admissions Office at 800/862-9616

Mail to:
Burlington College
95 North Avenue
Burlington, VT 05401

Or fax to:
802/660-4331

Name: _____ Date: _____

Social Security #: _____ - _____ - _____ Date of Birth (MM/DD/YY): _____

Phone—Home: _____ Work: _____ Cell: _____ Emergency: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Gender: Female Male E-mail: _____ Are you a U.S. citizen? Yes No
 If not, of what country are you a citizen?: _____
 Type of visa, if living in the U.S.: _____

Ethnicity (please circle one):
 Black, non-Hispanic American Indian/Alaskan Asian/Pacific Islander
 Hispanic White, non-Hispanic

I wish to register for the following activities:

Course #	Title	# of Credits	# of Audit Credits	Course Fees
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
		Totals:	_____	_____

Note: Free auditors are responsible for lab fees/ additional audit fees as noted in the Course Bulletin.

Tuition and Fees for 2009

Number of credits (1–5)	_____ X	\$ 675 = \$ _____
½ time (6–8 credits)		\$ 5,285 = \$ _____
¾ time (9–11 credits)		\$ 7,790 = \$ _____
Full-time (12–15 credits)		\$ 10,212 = \$ _____
Number of credits for audit	_____ X	\$ 260 = \$ _____
Number of credits for high school juniors or seniors, for audit	_____ X	\$ 182 = \$ _____
Number of credits for BC graduates, for audit	_____ X	\$ 120 = \$ _____
Free audit for community trustees, and College faculty and staff (limit 1 class or workshop)		00
Course fees, total (see course descriptions)		\$ _____ = \$ _____
		Total Tuition and Fees: = \$ _____

Payment in full must accompany mail-in registrations and be received in the Admissions Office on or before the first day of the term. Alternative arrangements may be considered; please contact the Business Office for further information.

Check Enclosed
 Credit Card (Circle one): MasterCard Visa
 Card Number: _____ Expiration Date: _____
 Name & Billing Address (if other than student's): _____

I am aware of Burlington College's tuition and fees refund schedule as printed in this Course Bulletin. I understand that requests for refunds and any changes in the above registration must be given to the registrar in writing, and that credits earned at Burlington College are transferable only at the discretion of the receiving school.

 (Student Signature)

 (Date)