

## Visiting Student Registration Information Form

**PART A Biographical Information**

 Have you ever taken a course at Shenandoah University before?  Yes  No If yes, when? \_\_\_\_\_

\*IF yes and your name has changed, please submit a Name/Address change form with required documentation.

 SU ID # \_\_\_\_\_ SSN (Required) \_\_\_\_\_  
 Name: \_\_\_\_\_

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(Last or FAMILY Name) (First Name) (Middle Name)

Maiden or Former Names Used:

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Legal Home Address:

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(Street and/or box number)

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(City) (State) (Zip) (COUNTRY)

E-Mail: \_\_\_\_\_@\_\_\_\_\_ (working email address must be provided)

Telephone: Home: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

country code (if international) area (or city) code country code (if international) area (or city) code

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

 Have you ever been convicted of a felony:  Yes  No If yes, please explain: \_\_\_\_\_

**Please select term for which you are registering:**

- Fall Year: 20 \_\_\_\_\_
- Spring
- Summer-1
- Summer-2
- Special Program (date) \_\_\_\_\_

**Please select Location:**

- Winchester
- Leesburg
- Other \_\_\_\_\_

Start date of class: \_\_\_\_/\_\_\_\_/\_\_\_\_

**PART B Information Required by the Department of Education**

 Shenandoah University is **required** by the United States Department of Education to collect and report information on the background (ethnic and otherwise) of its enrolled students. Other personal information is used as non-personally identifiable information in institutional research. This information WILL NOT affect your enrollment. *Shenandoah University does not discriminate on the basis of gender, race, color, religion, national or ethnic origin, age, physical or mental disability or sexual orientation.*

 Sex:  Male  Female Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ (Month/Day/Year) Religious Preference: \_\_\_\_\_

IF YOU ARE A U.S. CITIZEN OR A RESIDENT ALIEN (Form I-551/151), please indicate both the ethnicity and race with which you identify:

- ETHNICITY:** (Please Check One)
- Hispanic or Latino  Non-Hispanic or Non-Latino
- RACE:** (Please check all that apply.)
- Black/African American  American Indian or Alaskan Native
- Asian  Hawaiian/Pacific Islander
- White

**Hornet Central Use ONLY:** Information entered and verified

**PART B Continued** Information Required by the Department of Education

\*\*IF YOU **ARE NOT** A U.S. CITIZEN please indicate your immigration status

ALIEN STATUS:  Resident Alien/Green Card # \_\_\_\_\_  
 Non-Resident Alien

VISA TYPE : \_\_\_\_\_ VISA NUMBER: \_\_\_\_\_

RESIDENCE COUNTRY: \_\_\_\_\_

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

**PART C** Student Acknowledgement

I certify that the statements made on this form are correct. I understand that failure to provide accurate information will result in the cancellation of my enrollment by Shenandoah University. If enrolled, I agree to comply with all policies and regulations of Shenandoah University in effect while I am a student and to assume responsibility for any and all financial obligations I may incur.

I understand that a Visiting Student may not count more than **30 undergraduate credit hours or 15 graduate credit hours** earned as a Visiting Student toward a certificate or degree program; that once enrolled as a Visiting Student “my” status cannot be changed in that semester; a regular Application for Admission must be filed if I desire to apply for admission as a degree-seeking student; and that Visiting Students are not eligible for financial aid.

I understand that all information furnished to the Office of the Registrar in connection with this form will be treated confidentially, and will be disclosed only to Shenandoah University officials having a legitimate educational interest. Should I be enrolled at Shenandoah University, reports and recommendations on my behalf will not become a part of my permanent student record.

I understand that by signing I agree to pay tuition and fees and further agree to reimburse Shenandoah University the fees of any collection agency, which may be based on a percentage at a maximum of 33 1/3% of the debt, and all costs and expenses, including reasonable attorney’s fees, Shenandoah University would incur in such collection efforts.

**Student’s Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**PART D** Registration – *Note: if auditing the course please insert an “A” in the audit column below.*

**Signatures are required for the following situations:**

**Graduate/Doctoral Courses:**

- **Dean/Director’s** signature required to enroll in a Health Professions (AT, OT, PA, PT), Nursing or Pharmacy course.
- **Instructor’s** signature is required to enroll in all other graduate/doctoral courses.

**Undergraduate Courses:**

- **Dean’s** signature is required to enroll in Nursing or Respiratory Care courses.
- **Instructor or Dean’s** signature is required to enroll in courses that are closed or have pre-requisites.

Course Title	Department	Course #	Section	Audit	Credit	CEU	Cost																																								
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Signature:</td> <td style="width: 45%;">Title:</td> <td style="width: 20%;">Date:</td> <td style="width: 10%;"></td> </tr> <tr> <td colspan="4" style="text-align: center; padding: 20px;"> <b>Not Applicable See Page 3</b>   <b>CCM Vocal Pedagogy – Billing Worksheet</b> </td> </tr> <tr> <td>Signature:</td> <td>Title:</td> <td>Date:</td> <td></td> </tr> <tr> <td>Signature:</td> <td>Title:</td> <td>Date:</td> <td></td> </tr> <tr> <td>Signature:</td> <td>Title:</td> <td>Date:</td> <td></td> </tr> <tr> <td>Signature:</td> <td>Title:</td> <td>Date:</td> <td></td> </tr> <tr> <td colspan="7">*\$20 Processing fee</td> <td></td> </tr> <tr> <td colspan="7" style="text-align: right;"><b>TOTAL</b></td> <td></td> </tr> </table>								Signature:	Title:	Date:		<b>Not Applicable See Page 3</b>  <b>CCM Vocal Pedagogy – Billing Worksheet</b>				Signature:	Title:	Date:		Signature:	Title:	Date:		Signature:	Title:	Date:		Signature:	Title:	Date:		*\$20 Processing fee								<b>TOTAL</b>							
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\*A onetime processing fee of \$20 is required for all **First Time** Shenandoah University students who are enrolling in a course

**PART D addendum****CCM Vocal Pedagogy -- Summer Term 2, 2015****EARLY BIRD REGISTRATION January 3<sup>rd</sup> through May 15<sup>th</sup>**

✓		<b>Title</b>	<b>Date(s)</b>	<b>Credit</b>	<b>Fee</b>	
<input type="checkbox"/>	MUPP 555 VPW	Level 1 CCM Vocal Pedagogy	July 18-20	1	\$390 (ARST)	\$ _____
<input type="checkbox"/>	MUPP 556 VPW	Level 2 CCM Vocal Pedagogy	July 21-23	1	\$390 (ARST)	\$ _____
<input type="checkbox"/>	MUPP 557 VPW	Level 3 CCM Vocal Pedagogy	July 24-26	1	\$390 (ARST)	\$ _____
Choose only <b>ONE</b> from the two choices below:						
<input type="checkbox"/>	MUPP 595 VPW1*	The Spontaneous Voice	July 18-20	1	\$390 (ARST)	\$ _____
<input type="checkbox"/>	MUPP 595 VPW2*	Brazilian Song	July 18-20	1	\$390 (ARST)	\$ _____
<input type="checkbox"/>	MUPP 595 VPW3*	The Body Sings	July 21-23	1	\$390 (ARST)	\$ _____
Choose only <b>ONE</b> from the two choices below:						
<input type="checkbox"/>	MUPP 637 VPW *	Training Injured Voices	July 24-26	1	\$390 (ARST)	\$ _____
<input type="checkbox"/>	MUPP 595 VPW4 *	The CCM Choral Singer				
<input type="checkbox"/>	No credit **	Jeannette LoVetri Seminar	July 27	None	\$190 (VPIPI)	\$ _____
<input type="checkbox"/>	MUPP 555 VPWA	REPEAT Level 1 CCM Vocal Pedagogy	July 18-20	Audit	\$200 (ARST)	\$ _____
<input type="checkbox"/>	MUPP 556 VPWA	REPEAT Level 2 CCM Vocal Pedagogy	July 21-23	Audit	\$200 (ARST)	\$ _____
<input type="checkbox"/>	MUPP 557 VPWA	REPEAT Level 3 CCM Vocal Pedagogy	July 24-26	Audit	\$200 (ARST)	\$ _____
	Processing Fee	(First-time Shenandoah University students only)			\$20 (SUAPN)	\$ _____
<b>Total Due</b>						\$ _____
(ARST/VPIPI/SUAPN)						

**LATE REGISTRATION ON OR AFTER MAY 16<sup>th</sup>**

✓		<b>Title</b>	<b>Date(s)</b>	<b>Credit</b>	<b>Fee</b>	
<input type="checkbox"/>	MUPP 555 VPWF	Level 1 CCM Vocal Pedagogy	July 18-20	1	\$460 (ARST)	\$ _____
<input type="checkbox"/>	MUPP 556 VPWF	Level 2 CCM Vocal Pedagogy	July 21-23	1	\$460 (ARST)	\$ _____
<input type="checkbox"/>	MUPP 557 VPWF	Level 3 CCM Vocal Pedagogy	July 24-26	1	\$460 (ARST)	\$ _____
Choose only <b>ONE</b> from the two choices below:						
<input type="checkbox"/>	MUPP 595 VPW1F*	The Spontaneous Voice	July 18-20	1	\$460 (ARST)	\$ _____
<input type="checkbox"/>	MUPP 595 VPW2F*	Brazilian Song	July 18-20	1	\$460 (ARST)	\$ _____
<input type="checkbox"/>	MUPP 595 VPW3F*	The Body Sings	July 21-23	1	\$460 (ARST)	\$ _____
Choose only <b>ONE</b> from the two choices below:						
<input type="checkbox"/>	MUPP 637 VPWF *	Training Injured Voices	July 24-26	1	\$460 (ARST)	\$ _____
<input type="checkbox"/>	MUPP 595 VPW4F *	The CCM Choral Singer				
<input type="checkbox"/>	No credit **	Jeannette LoVetri Seminar	July 27	None	\$190 (VPIPI)	\$ _____
<input type="checkbox"/>	MUPP 555 VPWA	REPEAT Level 1 CCM Vocal Pedagogy	July 18-20	Audit	\$200 (ARST)	\$ _____
<input type="checkbox"/>	MUPP 556 VPWA	REPEAT Level 2 CCM Vocal Pedagogy	July 21-23	Audit	\$200 (ARST)	\$ _____
<input type="checkbox"/>	MUPP 557 VPWA	REPEAT Level 3 CCM Vocal Pedagogy	July 24-26	Audit	\$200 (ARST)	\$ _____
	Processing Fee	(First-time Shenandoah University students only)			\$20 (SUAPN)	\$ _____
<b>Total Due</b>						\$ _____
(ARST/VPIPI/SUAPN)						

\* Completion of Levels 1, 2 and 3 of CCM Vocal Pedagogy are required for acceptance into these courses

\*\* Must have completed Levels 1, 2, and 3 of CCM Vocal Pedagogy *before* 2015 to register for this seminar

**PART E**

**Payment**

\_\_\_\_\_  
Your name as you would like it to appear on your certificate of completion (Levels 1, 2 and 3 only)

\_\_\_\_\_  
Your name as you would like it to appear on your Name Tag

PAYMENT SECTION

**\*\* No refunds after July 15, 2015 \*\***

**Send payment information to:**  
Shenandoah University  
Attn: Hornet Central  
1460 University Dr.  
Winchester, VA 22601  
Fax: 540-665-5433 -- Phone 540-665-4514

**Method of Payment:**

(Select all that apply)

Check or Money Order Enclosed: Make checks payable to Shenandoah University, **Do not** send cash.

VISA, MASTERCARD, AMERICAN EXPRESS OR DISCOVER –complete credit card information below:

Amount to charge \$ \_\_\_\_\_

\_\_\_\_\_  
name as it appears on credit card (print)

\_\_\_\_\_  
card number

\_\_\_\_\_  
expiration

**X** \_\_\_\_\_

**Cardholder signature required**

\_\_\_\_\_  
*cardholder address*

\_\_\_\_\_  
*city, state/province, zip*

\_\_\_\_\_  
*country*

\_\_\_\_\_  
*home phone / work phone*

\_\_\_\_\_  
*mobile phone / fax*

\_\_\_\_\_  
*e-mail address*