

Semester _____ Year _____
 ___ Fall _____
 ___ Spring _____
 ___ Summer _____

**VINCENNES UNIVERSITY
 DISTANCE EDUCATION - REGISTRATION FORM**



NOTE: Some of the requested information is needed for Federal Reports

Please Print

Date _____ Branch of Military Service _____
 Years of Service _____

Student ID Number _____ Military Installation _____

Social Security Number _____ MOS/Rating _____ Rank _____

Legal Name _____
Last First Middle Maiden

Address _____ City _____ State & Zip _____ County _____

Shipping Address (if different than above) _____

Home Phone () _____ Birth Date _____ Citizenship: USA _____ Other _____

Email * **Attention:** Correspondence is sent to the MyVU email only (to request MyVU access; fax 812-888-5868)

Single ___ Married ___ Male ___ Female ___ Race _____ Day Phone _____

Major at VU _____ Major # _____ Advisor _____

Earning degree from: VU Distance Education _____ VU On-campus (Vincennes, Jasper, Indy) _____ Non-VU college or university _____

Previous Colleges Attended _____
Name Address

High School Diploma _____ or GED _____ Date Last Attended VU _____

COURSE PREFIX	COURSE NUMBER	SECTION	TITLE	CR HR	Section Numbers
					Internet courses: D01 = 16 wks fall/spring, 10 wks summer D71 = 6 month open enrollment D81 = First 8 weeks D91 = Second 8 weeks
					Paper-Based: DC1 = Correspondence

Course withdrawal and refund policies are listed in the Distance Education Catalog; all course withdrawals must be in writing to the Distance Education Office and received within the eligible time frame.

Attention: I authorize the Distance Education office at Vincennes University to register me for the above listed courses. I understand enrollment is not dependent upon receipt of Financial Aid or other funding. I understand I am also responsible for fees incurred and having textbooks by the course start date.

Student Signature: _____

Release: I authorize the Distance Education office at Vincennes University to forward my student identification number and my user name to me at the following email address or fax number:

Student Signature: _____

Student must use their assigned MyVU email _____ Date: _____

Tuition Rates 2011-2012 (per credit hour)		
	In-state	Out-of-state
Developmental, 100, or 200 level courses	\$171.60	\$213.00
300 or 400 level courses	\$198.20	\$246.40

Financial Assistance: ___ Self ___ Financial Aid ___ TA ___ GI BILL

Have you received a degree plan/academic advising from the Education Support Center at Camp Robinson, Arkansas? ___ Yes ___ No If so, please provide the month and date: _____

Note: All email correspondence is sent to the student MyVU email account. Students are responsible for requesting the MyVU account access information from the VU MIC office by fax at 812-888-5868

Note: The withdrawal policy and required form is available on the website: <www.vinu.edu> click the Online Learning tab