

VINCENNES UNIVERSITY

TRACTOR-TRAILER DRIVER TRAINING

REGISTRATION FORM

___ Fall 20__
 ___ Spring 20__
 ___ Summer 20__

NOTE: Some of the requested information is required for Federal Reports.

PLEASE PRINT LEGIBLY

Social Security Number _____ - _____ - _____ Driver License Number _____ - _____ - _____

Legal Name _____ Date _____
(Last) (First) (Middle) (Maiden)

Address _____ County _____
(Street) (City) (State) (Zip)

Home Phone (____) _____ Date of Birth _____ Receiving Financial Aid? ___Yes ___No

Employer _____
(Company) (Street) (City) (State) (Zip)

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

Major at VU **TRACTOR-TRAILER DRIVER TRAINING 8520** Advisor **D. Bolinger**

Parent/Guardian/Spouse _____
(Name) (Address) (Phone)

Last College Attended _____
(Name) (Address) (Phone)

High School Attended _____
(Name) (Address) (Phone)

H. S. Diploma Date _____ GED Certificate Date _____ Date Last Attended VU _____
(Mo/Yr) (Mo/Yr) (Mo/Yr)

How Long Ago Did You Learn About This Course? _____

FOR OFFICE USE ONLY

Course Number	Section Number	Course Title	Credit Hours	Instructor
TDT 100		Basic CMV Operation		
TDT 125		Preventive Maintenance		
TDT 150		Basic Control Skills		
TDT 175		Road Driving		

Indiana Resident ___ Illinois Resident ___ Other ___

Students not paying in full will be charged a payment plan fee.

Tuition \$ _____
 Payment Plan Fee \$ _____
 Down Payment \$ _____
 Balance Due \$ _____