

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 \_\_\_\_\_  
 Military Installation \_\_\_\_\_  
 Years of Service \_\_\_\_\_  
 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 \_\_\_\_\_ Fax Number \_\_\_\_\_

Employer \_\_\_\_\_

Single \_\_\_ Married \_\_\_ Male \_\_\_ Female \_\_\_ Race \_\_\_\_\_ Day Phone \_\_\_\_\_

Major at VU \_\_\_\_\_ Major # \_\_\_\_\_ Advisor \_\_\_\_\_

Parent/Guardian/Spouse \_\_\_\_\_

Last College Attended \_\_\_\_\_  
Name Address Phone

High School Attended \_\_\_\_\_  
Name City State Zip Code

High School Diploma Date \_\_\_\_\_ GED Certificate Date \_\_\_\_\_ Date Last Attended VU \_\_\_\_\_

COURSE NUMBER	SECTION	TITLE	CR HR	MODE		
PSYC	240	D61	Human Sexuality	3	I	<b>Internet - Open Enrollment 6 month term</b>  Check one. <b>Free Computer</b> _____ <b>Free Textbooks</b> _____
PSYC	249	D61	Abnormal Psychology	3	I	
PSYC	142	D61	General Psychology	3	I	
SOCL	151	D61	Principles of Sociology	3	I	
CHEM	107	D61	World of Chemistry	3	I	
HSIT	236	D61	World Civilization II	3	I	
ENGL	102	D61	English Composition II	3	I	
HUMN	210	D61	Introduction to Humanities	3	I	
HUMN	245	D61	Cultural Diversity	3	I	
MATH	101	D61	Intermeddiate Algebra	3	I	

**Choose any two courses from those listed**

2007-08 COST PER CREDIT HOUR - \$151.00

**Student Signature:** \_\_\_\_\_

**Payment:** TUIITION \_\_\_\_\_

**Financial Assistance:** \_\_\_ Pell Grant - Semester Based  
 \_\_\_ GSL - Semester Based  
 \_\_\_ Employer Assistance - Semester Based/or Independent Study  
 \_\_\_ Other

**Military:** \_\_\_ TA - Semester Based/or Independent Study  
 \_\_\_ DANTES - Semester Based/or Independent Study  
 \_\_\_ GI BILL - Semester Based/or Independent Study  
 \_\_\_ Other  
 \_\_\_ Check \_\_\_ Cash

LAB FEES \$0.00

TOTAL DUE \_\_\_\_\_

AMOUNT ENCLOSED \_\_\_\_\_

BALANCE \_\_\_\_\_

\_\_\_ Discover \_\_\_ MasterCard \_\_\_ Visa Bank Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_  
 Name as it appears on credit card: \_\_\_\_\_

**PAYMENT PLAN OPTION** (1/3 of the balance due PLUS the payment plan fee selected below)

\_\_\_\_\_ \$30.00 if enrolled in 12 or more credit hours  
 \_\_\_\_\_ \$10.00 if enrolled in 1 to 11 credit hours