

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	<b>Internet - Open Enrollment</b> <b>6 month term</b>  <b>Block I</b> <i>Check one.</i> <b>Free Computer</b> _____ <b>Free Textbooks</b> _____	
COMP	110	D61	Intro to Computer Applications	3		I
MUSM	118	D61	Music Appreciation	3		I
SPCH	148	D61	Interpersonal Communications	3		I
ENGL	101	D61	English Composition I	3		I

2007-08 COST PER CREDIT HOUR - \$151

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

**Payment:**

<i>Financial Assistance:</i>	<i>Military:</i>	TUITION	\$1,812
___ Pell Grant - Semester Based	___ TA - Semester Based/or Independent Study	LAB FEES	_____
___ GSL - Semester Based	___ DANTES - Semester Based/or Independent Study	TOTAL DUE	_____
___ Employer Assistance - Semester Based/or Independent Study	___ GI BILL - Semester Based/or Independent Study	AMOUNT ENCLOSED	_____
___ Other	___ Check ___ Cash	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