



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) Text

Name grid with (Last or FAMILY Name), (First Name), (Middle Name)

Maiden or Former Names Used: grid

Legal Home Address: grid

(Street and/or box number)

City, State, Zip, COUNTRY grid

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

Telephone: Home Cell country code area 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.

Sex: Male Female Date of Birth: 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: Hispanic or Latino Non-Hispanic or Non-Latino
RACE: Black/African American American Indian or Alaskan Native
Asian Hawaiian/Pacific Islander
White

Hornet Central Use ONLY: Information entered and verified By: (Initials): Date:

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 acknowledge that I agree to reimburse Shenandoah University the fees of any collection agency, which may be based on percentage at a maximum of 33-1/3%, 12% APR on such 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
Signature: _____ Title: _____ Date: _____							
Signature: _____ Title: _____ Date: _____							
Signature: _____ Title: _____ Date: _____							
Signature: _____ Title: _____ Date: _____							
Signature: _____ Title: _____ Date: _____							
Signature: _____ Title: _____ Date: _____							
*\$20 Processing fee							
						TOTAL	

*A onetime processing fee of \$20 is required for all **First Time** Shenandoah University students who are enrolling in a course

PART E Billing

Tuition is due at the time of registration. This registration form and payment must be received prior to the start date of the term. Your registration will not be processed if payment is not included.

We accept Visa, MasterCard, Discover, American Express, personal checks, or money orders.

If paying by **check or money order** please bring this form and payment in person to Hornet Central or send by mail to:

Shenandoah University
Hornet Central
1460 University Drive
Winchester, VA 22601

If paying by **credit card** you may also fax this completed form to 540-665-5433.

If you have any questions please call 540-665-4514.

Student Name: _____ Student ID# _____

Select Method of Payment: Check Money Order MasterCard Visa AMEX Discover

Please make checks payable to Shenandoah University.

If using a credit card please fill out the information below:

I hereby authorize Shenandoah University to charge my credit card for the amount noted above.

Amount to charge: \$ _____.

Name as it appears on credit card: _____

Billing address same as legal home address.

If billing address is different: _____

Card Number: _____ / _____ / _____ / _____

Expiration date: ____/____

Daytime phone number _____ - _____ - _____

Signature of card holder _____ Date _____