



UNDERGRADUATE CONTINUING EDUCATION COURSE REGISTRATION FORM—FALL 2008

Name _____

Last First MI

College ID _____ (Provide Social Security # if first time registering at JSC)

Address _____ Telephone (w) _____

Telephone (h) _____

City State Zip County

_____ Check if name and/or address have changed since last enrollment.

Vermont Resident? Yes ___ No ___ Sex: Male ___ Female ___ Date of Birth _____

Have you maintained residence in Vermont for the past 12 months? Yes ___ No ___

If eligible for Veteran's educational benefits, you should contact the Registrar's Office.

Have you previously attended JSC? Yes ___ No ___ If yes, when? _____

Former Name Used _____

Are you currently enrolled in a program at one of the Vermont State Colleges? Yes ___ No ___

Is yes, what college? _____ What program? _____

**You must have a high school diploma or GED. High school date of completion _____. JSC reserves the right to request a copy of diploma or GED at its discretion. You must also have completed measles immunization if applicable. IF EITHER IS LEFT BLANK, THIS FORM WILL BE RETURNED TO YOU.*

Instructor's Signature required only if course is full	Discipline/Course No.	Course Title	Grade Option G/PNP/AU	Credits

Cost and Payment Information

After your registration is processed, you will receive a bill and payment form in the mail. For a current list of tuition and fees, please visit us on the Web at www.jsc.edu/tuitionandfees. Note that students wishing to audit a course pay 50% tuition. Also, pursuant to VSC policy #417, non-matriculated senior citizens (65 or older) receive free tuition.

Regulations for Measles Immunization (Complete if applicable)

In the past, Vermont School immunization regulations have applied only to elementary and secondary school students. Due to outbreaks of measles on college campuses, Vermont regulations have been revised to include college students as well. If you are a continuing education student taking seven or more credits, on-campus, and were born after 1956, you must show proof that you have received two doses of live measles vaccine, the first dose being received on or after the first birthday with at least 30 days separating the doses. Any doses given before 1968 must have been documented as having been "live" vaccine. One of the doses must have been after 1980.

I certify that _____ Date of Birth _____ has received the appropriate measles vaccination(s).

Signature of health official or physician _____ 1 _____ 2

Printed Name _____ **MMR** _____

FOR IMPORTANT INFORMATION ON EMAIL, WEB ACCESS, AND BLACKBOARD, SEE TOP REVERSE OF THIS FORM.

Student Signature _____ Date _____

Information on Email, Web Access, or Blackboard

All full and part-time students are given a Blackboard, Web Services, and a JSC email account. Each vehicle of communication has its uses. For example, many instructors will use Blackboard to post assignments and to offer a forum for communication among students. Through Web Services, you can access such information as grades, transcripts, and schedules. In regard to email, all students are expected to monitor their email accounts, as the JSC email is an official means of communication for the college. To learn how to access your account, visit JSC’s Information & Technology Services page at www.jsc.edu by clicking on Offices & Services at the top of the JSC Website, and then clicking on Information & Technology Services.

The following information, required of educational institutions by federal or state law, will be used solely for reporting purposes. It will not affect your application for admissions, financial aid, or employment in any way. Response is optional.

My primary reason for enrolling this semester is (check one):

- _____ A. to earn a certificate (one year)
- _____ B. to earn an associate’s degree (two years)
- _____ C. to earn a baccalaureate degree (four years)
- _____ D. to earn a master’s degree
- _____ E. to get a job (but not to earn a degree)
- _____ F. to improve my skills at my current job
- _____ G. to get a better job
- _____ H. to gain professional certification or recertification
- _____ I. for personal enrichment
- _____ J. to “try out” college
- _____ K. to take some courses here and then transfer
- _____ L. other

Parents’ Education

Mother’s Education
(check highest only)

Father’s education
(check highest only)

- | | | |
|----------|-----------------------------|----------|
| A. _____ | No high school | A. _____ |
| B. _____ | Some high school | B. _____ |
| C. _____ | High school graduate | C. _____ |
| D. _____ | Some college | D. _____ |
| E. _____ | Associate’s degree (2 yrs.) | E. _____ |
| F. _____ | Bachelor’s degree (4 yrs.) | F. _____ |
| G. _____ | Graduate Degree | G. _____ |

Ethnic Background

- | | | |
|---------|---------------------------------|---------------|
| _____ N | Nonresident Alien | Country _____ |
| _____ R | Resident Alien | Country _____ |
| _____ B | Black/African American | |
| _____ W | Caucasian | |
| _____ H | Hispanic/Latino | |
| _____ I | American Indian/Alaskan Native | |
| _____ A | Asian American/Pacific Islander | |
| _____ U | Unknown/Mixed Race | |