

Visiting Student Registration Form



*Required Fields Please print legibly.

General Information

SU Student ID#: (if applicable) _____ * SSN: _____ - _____ - _____ *Date of Birth: _____ / _____ / _____

*Name: (Last) _____ *(First) _____ *(MI) _____

*Address: (Street) _____ Apt/Unit: _____

*City _____ *State: _____ *Zip: _____ County: _____

Home Phone: _____

*Cell Phone: _____

*Email Address: _____

*Are you a US Citizen? Yes ___ No ___ If No, provide Citizen Country and VISA ID Type/ Number: _____

- *Sex assigned at birth? Male ___ Female ___
- *Are you of Hispanic or Latino origin? Yes ___ No ___
- *What is your race? Select one or more of the following categories:
 - ___ American Indian or Alaska Native ___ Asian
 - ___ Black or African American ___ White
 - ___ Native Hawaiian or Other Pacific Islander

Please select term for which you are registering:
 ___ Fall ___ Summer-1 ___ Special Program
 ___ Spring ___ Summer-2 Special Program Desc: _____

*Course Registration Information Section (ARST)

COURSE: Subject / Number/ Section (Ex. MATH 101 ONL)	TITLE	START DATE	TUITION + FEES

TOTAL DUE \$ _____

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 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.

*Signature _____ *Date _____

I agree to the terms listed above and I certify that the above information is true and correct. I request the enrollment indicated above.

FOR FAX-IN OR MAIL-IN: Please note that SU will NOT accept registrations with confidential information such as SSN or card information v i a email. Form must be mailed or faxed to SU.

*Payment Method: (select one) _____ Amount to charge payment card (enter amount) \$ _____

- Check (Make check payable to Shenandoah University)
- Card-Visa, MasterCard, American Express, or Discover
*A 1.5% surcharge will be applied to all cards, (debit or credit card).
- Other: _____

If tuition and/or fees are paid by an outside entity, such as a private loan, employer etc. Please include a copy of your loan approval letter, purchase order, authorization letter or email approval from lender/employer, coverage amount must be noted.

Cardholder's Name (Please print legibly)

Cardholder's Signature:

Payment Card #:

Expiration Date:

Please return this form and payment to:
 Shenandoah University/Hornet Central Office
 1460 University Drive Winchester VA 22601
 Or by Fax: 540.665.5433