



VITERBO UNIVERSITY

COURSE REGISTRATION FORM GRADUATE STUDIES IN EDUCATION

SOCIAL SECURITY NUMBER: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

Please check here if this is an address change since the last time you earned credit through us.

HOME TELEPHONE: \_\_\_\_\_

WORK TELEPHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

GENDER:  MALE  FEMALE MARITAL STATUS:  SINGLE  MARRIED

DATE OF BIRTH: \_\_\_\_\_

CITIZEN STATUS:  US CITIZEN  US RESIDENT  US RESIDENT ALIEN

NEITHER US RESIDENT NOR US CITIZEN: \_\_\_\_\_ COUNTRY OF CITIZENSHIP

ETHNIC BACKGROUND:

- NON-RESIDENT ALIEN
 BLACK (AFRICAN AMERICAN/NON-HISPANIC
 NATIVE NORTH AMERICAN/ALASKAN NATIVE
 ASIAN/PACIFIC ISLAND

COUNTRY OF ORIGIN

- HISPANIC
 WHITE/NON-HISPANIC

RELIGIOUS PREFERENCE:

- CATHOLIC
 METHODIST
 JEWISH
 BAPTIST
 LUTHERAN
 OTHER
 NONE

HIGHEST DEGREE HELD: \_\_\_\_\_ DEGREE \_\_\_\_\_ NAME/LOCATION OF COLLEGE OR UNIVERSITY

HAVE YOU PREVIOUSLY EARNED GRADUATE CREDITS THROUGH VITERBO UNIVERSITY. (FORMERLY VITERBO COLLEGE)  YES  NO

EMPLOYER: \_\_\_\_\_ SCHOOL NAME & DISTRICT \_\_\_\_\_ GRADE LEVEL

CATHOLIC PAROCHIAL SCHOOL TEACHER:  YES  NO

EDUC: \_\_\_\_\_ COURSE # SECTION # COURSE TITLE CREDITS

10/28/09 10/31/09 MONONA TERRACE, MADISON TERRI FELTON START DATE END DATE LOCATION INSTRUCTOR

I certify that all information in this course registration is complete and accurate to the best of my knowledge.

SIGNATURE \_\_\_\_\_ DATE

Please allow a minimum of 6 weeks from the completion date of a course to the time at which grade reports and transcripts are available. Transcript requests must be made, in writing, to the Office of the Registrar, 900 Viterbo Drive, La Crosse, WI 54601. Veteran benefits are not available for this course.