

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: | Part D - Not Applicable See Page 3 Children’s Literature Conference – Billing Worksheet | | | | | | | |
| Signature: | | | | | | | | |
| Signature: | | | | | | | | |
| Signature: | | | | | | | | |
| 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 D addendum

Children's Literature Conference -- Summer Term, 2018

Hornet Central Use:
Print receipt, hold in folder
2018/SU

Course Selection (Choose only one course from the Literature or Writing section if you want credit. Otherwise select from the conference only section.)

| Literature Section | | | | | | |
|---|----------------|------------------------------|------------|-----------|--------------|----------|
| <input type="checkbox"/> | ENG 503 CL2 | Graduate 2 Credit Hours | 6/25-29/18 | 2 credits | \$645 (ARST) | \$ _____ |
| <input type="checkbox"/> | ENG 503 CL3 | Graduate 3 Credit Hours | 6/25-29/18 | 3 | \$695 (ARST) | \$ _____ |
| <input type="checkbox"/> | EDU 403 CL3 | Undergraduate 3 Credit Hours | 6/25-29/18 | 3 | \$695 (ARST) | \$ _____ |
| Processing Fee (First-time Shenandoah University students only) | | | | | \$20 (SUAPN) | \$ _____ |
| Writing Section | | | | | | |
| <input type="checkbox"/> | ENG 502 CL2 | Graduate 2 Credit Hours | 6/25-29/18 | 2 credits | \$645 (ARST) | \$ _____ |
| <input type="checkbox"/> | ENG 502 CL3 | Graduate 3 Credit Hours | 6/25-29/18 | 3 | \$695 (ARST) | \$ _____ |
| Processing Fee (First-time Shenandoah University students only) | | | | | \$20 (SUAPN) | \$ _____ |
| Conference only (no credit) select as many as you are interested in attending: | | | | | | |
| <input type="checkbox"/> | ENGC 504 CLCWK | Conference only: Week | 6/25-29/18 | 0 | \$395 (ARCE) | \$ _____ |
| Total Due | | | | | | \$ _____ |

PART E

Payment

PAYMENT SECTION

**** No refunds after June 25, 2018 ****

Send payment information to:

Shenandoah University
Attn: Hornet Central
1460 University Dr.
Winchester, VA 22601
Phone 540-665-4514

Method of Payment:

(Select all that apply)

- Check or Money Order Enclosed: Make checks payable to Shenandoah University, **DO NOT** send cash.
- VISA, MASTERCARD, AMERICAN EXPRESS OR DISCOVER** –complete credit card information below:

Amount to charge \$ _____

name as it appears on credit card (print)

_____ / _____
card number expiration

X _____
Cardholder signature required

_____ *cardholder address*

_____ *city, state/province, zip*

_____ *country*

_____ *home phone / work phone*

_____ *mobile phone / fax*

_____ *e-mail address*