FILL IN THE BLOCKS AS REQUIRED. DO NOT WRITE OUTSIDE THE BLOCKS.

**REGISTRATION FORM - ACADEMIC**

### Montpelier/Brattleboro Academic Centers

**FOR REGISTRAR USE ONLY**

<table>
<thead>
<tr>
<th>Date received _________</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Term/Year (program use only)</th>
</tr>
</thead>
</table>

**Name** | **ID #** |
|---------|---------|

**Home Address**

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Country</th>
<th>Zip</th>
</tr>
</thead>
</table>

**E-mail** | Last four digits of SS# | **Telephone #** |
|-----------|------------------------|-----------------|

**Cell Phone #** ______________________________________________________________

**Academic Program (check one):**

- [ ] MA/Psych Counseling
- [ ] MA Online
- [ ] M of Education (MED)
- [ ] BA Winter/Summer Cycle
- [ ] BA Montpelier Weekend
- [ ] PAD through the MED/Education Program
- [ ] BA Brattleboro Weekend
- [ ] BA Virtual Residency Vermont I
- [ ] BA Virtual Residency Vermont II
- [ ] CAGS
- [ ] BA Virtual Residency Vermont II
- [ ] CAGS

**Term Dates**

<table>
<thead>
<tr>
<th>Beginning month/year</th>
<th>Ending month/year</th>
</tr>
</thead>
</table>

**Course number** | **Study Title (max 32 characters)** | **Grade Option** | **Credit hours** | **Faculty Name / ID number** |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Faculty Advisor Signature (optional)** | **Date**

---

I am registering for the current academic term. I certify that I have the current Registration and Tuition policies presented on the UI&U Website, and that I understand the terms under which I am enrolled. I assume financial responsibility for all tuition and fees assessed and agree to pay them. I understand that transferability of credit to another institution is at the discretion of the accepting institution. I further understand that it is the responsibility of the learner to determine if credits earned while enrolled at Union Institute & University will be accepted by another institution. I understand that my assignments will be checked for plagiarism and may be scanned with plagiarism detection software.

**Learner Signature** | **Date**

---

**For Administrative Use**

Dean or Program Director's Signature___________________________________________ Date____________

Registrar's Office Posting Signature ____________________________Initial_______ Date___________________

FORM637

Revision 6/28/2009