VISITING STUDENT
COURSE REGISTRATION FORM

Name _____
Last First
Address _____ Tel # _____

_____ Email _____

_____ Date of Birth _____

First time student _____ Returning student _____

Course #	Course Title	Credit	Non-Credit	Audit	Instructor's Signature

I understand and agree:

1. That enrollment is for the above course only. Visiting Students may participate in no more than one course per semester. People interested in registering for more should apply to the college program or the Continuing Studies Program.

2. That enrollment as a visiting student entails enrollment only in this course and use of the library. Participation in extra-curricular activities or use of Simon's Rock facilities not related to the course taken are available to a visiting student only on the same basis as to other area residents.

3. **FOR CREDIT ONLY:** That if I withdraw for any reason within two weeks of registration for the course, my tuition will be refunded. If I withdraw after that time, my tuition is not refundable. **FOR AUDIT OR NON-CREDIT:** There will be no refund at any time.

4. That tuition does not include laboratory or studio fees, where applicable, which are additional. All fees are payable to Simon's Rock no later than the first day of class attendance each semester.

5. That Simon's Rock may cancel my enrollment at any time, in which event my tuition will be refunded.

Signature: _____ Date:_____
Student

Eligibility verified by Registrar's Office:

_____ Date:_____
Registrar

Fee Paid: _____ _____ Date:_____
Director of Finance

***Return this form with all necessary signatures to the Registrar on the first day of class.**

Rev. 6/6/08