St. Cloud Technical and Community College
VISITING STUDENT REGISTRATION FORM

Visiting Students
Persons interested in registering for selected courses and who are not interested in pursuing a diploma or degree, are designated as Visiting Students. These students are not required to complete the usual application. Most Visiting students register for part-time study, although full-time study is not prohibited. Credits earned as a Visiting student may later, upon admission to a degree program, be applied toward graduation. Visiting students who have completed 16 credits are strongly urged to apply for admission to the college. Technical credits completed as a Visiting student beyond the initial 16 may not be applied toward a diploma or degree.

Auditing Courses
Students wishing to audit a course must return a completed Course Audit Application form to the Office of Records and Registration within the first five days of the term. Forms are available in the Office of Records and Registration.

Add/Drop
Students shall be obligated for any classes dropped after the 5th day of the term or the first business day following the first class meeting, whichever is later, unless the student completely withdraws from school. Courses dropped by the 5th day are eligible for a full refund. Refunds must be requested in the Business Office. Student dropping courses after the 5th day will receive a grade of "W" with no refund.

Withdrawal from College
Students must officially and totally withdraw from the college in order to be eligible for a refund. Withdrawal forms are available in the Admissions Office. Please contact the Business Office for refund information. No withdrawals are allowed after the 12th week of the semester. Policy for classes other than full semester length will differ.

Social Security # (Optional): ___________ Phone Number # ___________

Last Name ___________________________ First Name ___________________________ Middle Initial ______

Address ___________________________ City ___________________________ State ___________ Zip Code ___________

Student’s e-mail address ___________________________

Term registering for: [ ] Fall [ ] Spring [ ] Summer

Have you been a MN resident for at least one calendar year? [ ] Yes [ ] No

Course ID: ___________________________ Subject: _______ Section: _______ Name of Course: ___________________________

Example: 000881 ENGL 1302 8 Analytical Writing

The following will be used for research and reporting only. Submission of this information is voluntary. It will not be used as a basis for admission or in a discriminatory manner.

Gender: [ ] Male [ ] Female
Ethnicity: [ ] Hispanic or Latino (Spanish culture) – [ ] American Indian or Alaskan native (North, Central, South America with Tribal affiliation) – [ ] Asian (Far East, Southeast Asia, or Indian subcontinent) – [ ] Black or African American (any black racial groups of Africa) – [ ] Native Hawaiian or Pacific Islands (Hawaii, Guam, Samoa, or Pacific Island) – [ ] White (Europe, Middle East, or North Africa).

What is the highest level of education for your parents or guardians?
Parent/Guardian #1: [ ] No high school diploma [ ] High school diploma [ ] Some college [ ] Two-year college degree/diploma [ ] Bachelor’s degree or higher [ ] Not sure/don’t know

Parent/Guardian #2: [ ] No high school diploma [ ] High school diploma [ ] Some college [ ] Two-year college degree/diploma [ ] Bachelor’s degree or higher [ ] Not sure/don’t know

09/1/11