

# 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 5<sup>th</sup> 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 5<sup>th</sup> day are eligible for a full refund. Refunds must be requested in the Business Office. Student dropping courses after the 5<sup>th</sup> 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 12<sup>th</sup> 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** \_\_\_\_\_ **DOB (optional)** \_\_\_\_\_

**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

<b>Course ID</b> <i>Example: 000881</i>	<b>Subject</b> <i>ENGL 1302</i>	<b>Section</b> <i>8</i>	<b>Name of Course</b> <i>Analytical Writing</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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