VITERBO UNIVERSITY

Graduate Programs in Education
Course Registration

PART ONE—STUDENT INFORMATION

Complete ALL PARTS of this form. Please PRINT.

SOCIAL SECURITY NUMBER (required) ___ ___ ___ - ___ ___ - ___ ___ ___ ___ (secured—not used for ID purposes)

LEGAL NAME First _____ Middle _____

Last _____

Maiden _____ Other _____

MAILING ADDRESS Street/RR/PO Box _____

City _____ State _____ Zip _____

Home Phone (_____) _____ Work (_____) _____ Cell (_____) _____

Email Address (Permanent) _____

Email Address (School) _____

PERMANENT ADDRESS (if different from above address) Street/RR/PO Box _____

City _____ State _____ Zip _____

DATE OF BIRTH ____ / ____ / ____

GENDER ☐ Female ☐ Male MARITAL STATUS ☐ Single ☐ Married

CITIZEN STATUS ☐ U.S. Citizen ☐ U.S. Resident Alien ☐ Non-resident Alien Of what country are you a citizen? _____

RACE AND ETHNIC BACKGROUND (answer both questions)

Are you Hispanic or Latino/Latina? ☐ No, not Hispanic or Latino/Latina ☐ Yes, Hispanic or Latino/Latina

What is your race? (select one or more)
- ☐ American Indian or Alaska Native
- ☐ Asian (country of family's origin _____)
- ☐ Black or African American
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White

RELIGIOUS PREFERENCE
- ☐ Baptist
- ☐ Catholic
- ☐ Jewish
- ☐ Lutheran
- ☐ Methodist
- ☐ None
- ☐ Other _____

Are you currently armed forces active duty personnel or armed forces reservist? ☐ Yes ☐ No

Are you a veteran of the armed forces? ☐ Yes ☐ No

HIGHEST DEGREE HELD _____ (Degree) _____ (Name/Location of College or University)

HAVE YOU PREVIOUSLY EARNED CREDITS FROM VITERBO UNIVERSITY (formerly Viterbo College)? ☐ Yes ☐ No

EMPLOYER (School name and district) _____ Grade Level _____

Catholic Parochial School Teacher ☐ Yes ☐ No

PART TWO—COURSE REGISTRATION INFORMATION

EDUC Course # 548 Section # 027 Course Title Elementary Methods Week Credits 1

LOCATION WI Center for Music Education INSTRUCTOR Dr. Tim Schaid

DATES Start Date 6 / 20 / 16 End Date 8 / 18 / 16

I certify that all information in this course registration is complete and accurate to the best of my knowledge.

Signature _____ Date _____

Viterbo University is committed to providing equal educational and employment opportunities regardless of sex, race, color, religion, age, national origin, or handicap in compliance with Title VI, Title IX, and Section 504.

PLEASE ALLOW A MINIMUM OF SIX WEEKS FROM THE COMPLETION OF A COURSE TO THE TIME AT WHICH GRADE REPORTS AND TRANSCRIPTS ARE AVAILABLE. TRANSCRIPT REQUESTS MUST BE MADE, IN WRITING, TO THE OFFICE OF THE REGISTRAR. VETERAN BENEFITS ARE NOT AVAILABLE FOR THIS COURSE.