VITERBO
UNIVERSITY

COURSE REGISTRATION FORM
GRADUATE STUDIES IN EDUCATION

SOCIAL SECURITY NUMBER: ___ ___ ___ - ___ ___ - ___ ___ ___ ___

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

❒ Please check here if this is an address change since the last time you earned credit through us.

HOME TELEPHONE: ___ ___ ___ - ___ ___ ___ - ___ ___ ___ ___

WORK TELEPHONE: ___ ___ ___ - ___ ___ ___ - ___ ___ ___ ___

EMAIL ADDRESS: _____

GENDER: ❒ MALE ❒ FEMALE MARITAL STATUS: ❒ SINGLE ❒ MARRIED

DATE OF BIRTH: ___ ___ - ___ ___ - ___ ___ ___ ___

CITIZEN STATUS: ❒ US CITIZEN ❒ US RESIDENT ❒ US RESIDENT ALIEN

❒ NEITHER US RESIDENT NOR US CITIZEN: _____
COUNTRY OF CITIZENSHIP

ETHNIC BACKGROUND:

❒ NON-RESIDENT ALIEN
❒ BLACK (AFRICAN AMERICAN/NON-HISPANIC
❒ NATIVE NORTH AMERICAN/ALASKAN NATIVE
❒ ASIAN/PACIFIC ISLAND

_____
COUNTRY OF ORIGIN

❒ HISPANIC
❒ WHITE/NON-HISPANIC

RELIGIOUS PREFERENCE:

❒ CATHOLIC
❒ METHODIST
❒ JEWISH
❒ BAPTIST
❒ LUTHERAN
❒ OTHER
❒ NONE

HIGHEST DEGREE HELD: _____ _____
DEGREE NAME/LOCATION OF COLLEGE OR UNIVERSITY

HAVE YOU PREVIOUSLY EARNED GRADUATE CREDITS THROUGH VITERBO UNIVERSITY. (FORMERLY VITERBO COLLEGE) ❒ YES ❒ NO

EMPLOYER: _____ _____
SCHOOL NAME & DISTRICT GRADE LEVEL

CATHOLIC PAROCHIAL SCHOOL TEACHER: ❒ YES ❒ NO

EDUC: TBA TBA VIDEO PRODUCTION WORKFLOW 1
COURSE # SECTION # COURSE TITLE CREDITS

7/2/08 7/3/08 WI CENTER FOR MUSIC EDUC TERRI FELTON
START DATE END DATE LOCATION INSTRUCTOR

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

_____ _____
SIGNATURE DATE

Please allow a minimum of 6 weeks from the completion date 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, 900 Viterbo Drive, La Crosse, WI 54601. Veteran benefits are not available for this course.

Wisconsin Center for Education ♦ 1005 Quinn Drive ♦ Waunakee, WI 53597
Telephone: 608-850-3566 OR 800-589-9762 ♦ FAX: 608-850-3515