



REGISTRATION FORM

Program Information

Please register me for:

Session/Year:

Course #	Course description	Meeting Time	Credit	Tuition
_____	_____	_____	<input type="checkbox"/>	_____
_____	_____	_____	<input type="checkbox"/>	_____
<i>Full payment of tuition must accompany registration.</i>			Total Amount Due	_____

Educational Background

Indicate academic institutions you are currently attending.
(Please indicate if your transcripts are in a different name from your SIT application.)

School _____
(school name, city & state or country)

Personal Information

Name (as it appears on your passport, if you have one)

last/family _____ first/given _____ middle/second _____

Preferred Name if Different

last/family _____ first/given _____ middle/second _____

Permanent Address
US Address

City _____ State ____ Zip _____

Non-US Address

Country _____

Home Phone (include city and country codes): _____

Work Phone (include city and country codes): _____

Email: _____

Gender: Male Female

Date of Birth: _____/_____/_____
Month Day Year

Social Security Number: _____

Payment
Information

Billing Name: _____

Billing Address
US Address

Non-US Address

City _____ State ____ Zip _____

Country _____

Billing Home Phone: _____

Billing Business Phone: _____

Billing Email: _____

Make checks payable to World Learning. Complete the information below for credit card payments:

Circle One:

Mastercard Visa Expiration date: _____ 3 digit security code _____

Credit card number: _____

Name on card (please print): _____

Signature: _____

Return completed registration form with payment to:

Language and Culture Department
World Learning/SIT Graduate Institute
PO Box 676
Kipling Road
Brattleboro, VT 05302-0676

Credits earned from SIT are transferable only at the discretion of the receiving school.

If you are receiving full or partial financial sponsorship, including but not limited to financial sponsorship by a parent, foundation or other agency or individual, you understand and agree that your evaluation and/or grad and other information concerning your participation in the program may be released by SIT to and/or discussed by SIT with such sponsoring agency or individual.

Please sign _____ Date _____/_____/_____
Month Day Year