



## 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