

Geibel Catholic High School

COLLEGE IN HIGH SCHOOL

Saint Vincent College
Latrobe, Pennsylvania 15650-2690

PRE-REGISTRATION FORM

ID Number
***Will be added later**

Please complete all sections.



Registration forms and payment checks should be turned into high school and then mailed with other forms to :

Graduate and Continuing Education
Saint Vincent College
300 Fraser Purchase Road
Latrobe, PA 15650

FALL SPRING SUMMER 20__ 21__

NAME _____
(Last) (First) (Middle)
ADDRESS _____
(Street or Route)
CITY _____ STATE _____ ZIP _____
TELEPHONE _____
(Day) (Evening)
EMAIL _____
SOCIAL SECURITY NUMBER _____

Please check one: DIVORCED
 MARRIED
 SINGLE
 WIDOWED

Please check one: FEMALE
 MALE

Are you Hispanic or Latino? ___ YES ___ NO
Select one or more of the following to describe your race:
___ American Indian or Alaska Native
___ Asian
___ Black or African American
___ Native Hawaiian or Other Pacific Islander
___ White

ARE YOU A VETERAN? YES NO

DATE OF BIRTH _____
PLACE OF BIRTH _____

RELIGIOUS PREFERENCE _____
(Please indicate denomination)

I would like to explore a vocation to the religious life or priesthood. ___ YES ___ NO

Are you enrolling in (check one):
 DEGREE
 HIGH SCHOOL CREDIT PROGRAM
 NON DEGREE
 POST-BACCALAUREATE
 PRE-COLLEGE

HAVE YOU TAKEN COURSES AT SAINT VINCENT BEFORE?
 YES NO
IF SO, WHEN? _____

IF YOU ATTEND ANOTHER COLLEGE FULL TIME, WHAT IS ITS NAME?

SAINT VINCENT COLLEGE DOES NOT DISCRIMINATE AGAINST SEX, AGE, RACE, RELIGION OR CREED.

Course No. (e.g. BA 100)	Section No.	Title	Credit Hours	Days	Time	Instructor	Pass/Fail*	Audit*

Academic Seal

Total Hours

* Enter a check (✓) in these columns if you wish to take the course for the Pass/Fail or Audit options.

Student's signature _____

***Will be added later**

Advisor's signature _____

Date _____

N.B. Registration is not completed until the first week of classes when the student receives Financial Clearance and I.D. card validation.