Saint Mary's University OF MINNESOTA

Program for Advanced College Credit (PACC) 2015-2016

Student Registration Form
(Only one form per student)

(PLEASE PRINT NEATLY)

1. Social Security Number **(MANDATORY)** - ____ ____ ____ - ____ ____ - ____ ____ ____ ____

2. Full Name - _____
Last First Middle

3. Date of Birth - _____/_____/_____
MM DD YY

4. Address - _____

5. City, State, Zip Code - _____

6. Phone # - (_____)_____

7. Gender - M ☐ F ☐ 8. High School - _____

9. H.S. Graduation Year - _____ 10. Parent Name(s) - _____

11. Ethnic Background (please indicate **one** only):
☐ African American/Black (not Hispanic origin) ☐ American Indian or Alaskan Native
☐ Asian, Asian American or Pacific Islander ☐ Hispanic/Mexican American/Central American
☐ Other Latino ☐ Puerto Rican ☐ White (not Hispanic origin)
Other _____

STUDENT & PARENT SECTION

** To the best of my knowledge, the above information is accurate. I have enclosed tuition of* ***$70.00 PER semester credit*** *for* ***each*** *class taken* ***(i.e.- each 3 credit class = $210.00; each 4 credit class = $280.00…).*** *I understand that this course will appear on my permanent record at Saint Mary's University of Minnesota. Also, I understand that most other colleges and universities will NOT accept transfer credit for a course in which a grade of "C" or lower was earned, and that it is my responsibility to contact my intended college for transfer policy verification. **

Student Signature - _____ Date - _____

Parent Signature - _____ Date - _____

** Please make check payable to:* **SAINT MARY'S UNIVERSITY OF MINNESOTA**

** Write the student's name in the memo line of the check and attach it to this form with a staple or paper clip (do not tape)**

SMU OFFICE USE ONLY
CHECK # -
AMOUNT -

COURSE REGISTRATION & AUTHORIZED TEACHER APPROVAL

AS A TEACHER, MY SIGNATURE INDICATES THAT…

- *The above-named student is a member of my class, and is someone who meets the entrance requirements for the Saint Mary's University of Minnesota PACC program, as spelled out in the agreement between Saint Mary's and my school. All registration forms I collect will be turned over to my school administrator for final approval and signature.*

Note: Use only one form to register for all classes – (one form per student)

SMU Course #	SMU Title Name	Credits	Term* (S1, S2, YR)	Teachers Legal Name (Please Print)	Signature (Initial)

Authorized Teachers…

* = In the **"Term"** box, please indicate whether the student is taking your class for PACC credit during semester I (**S1**), semester II (**S2**), or for the full year (**YR**).

AUTHORIZED ADMINISTRATOR APPROVAL

AS THE PRIMARY ADMINISTRATOR, MY SIGNATURE INDICATED THAT…

- *The above-named student is a student at my school, and is someone who meets the entrance requirements for the Saint Mary's University of Minnesota PACC program, as spelled out in the agreement between Saint Mary's and my school.*

Administrator Signature - _____ **Date - _____**