

International/Foreign Person Visiting Student Registration (Conference Only)



*Required Fields

(This form is to be completed by NON US Residents Only)

General Information

SU Student ID#: (if known) _____ Have you attended SU in the past? _____ BirthDate (MM/DD/YYYY): _____

*Legal Name: _____
 _____ (First) _____ (Middle) _____ (Last)

*Legal HomeAddress: _____

 Legal Home Address (Street, City, Region/Province, Postal Code/Country)

Select options from the drop down list:

*Cell Phone: _____

*Email Address: _____

*Citizen VISA ID Type/ Number: _____

*Citizen Country Name: _____

*Are you of Hispanic or Latino origin?

*What is your sex assigned at birth?

*What is your race?

*Select the conference you are planning to attend from the drop down list:

*Course Registration Information Section (Required)

COURSE: Subject / Number/ Section (Ex. MUPP XXXX F2F)	Course Title	Course Begin Date	TUITION Cost per course/US \$ Currency

TOTAL DUE (less 1.5% card service fee): \$ US CURRENCY:

I understand that I must pay my tuition and any associated fees in FULL prior to being 'officially' enrolled at Shenandoah University.

I certify that the statements made on this form are correct. I understand that failure to provide accurate information will result in the cancellation of my enrollment by Shenandoah University. If enrolled, I agree to comply with all policies and regulations of Shenandoah University in effect while I am a student and to assume responsibility for any and all financial obligations I may incur.

I understand that all information furnished to the Office of the Registrar in connection with this form will be treated confidentially and will be disclosed only to Shenandoah University officials having a legitimate educational interest. Should I be enrolled at Shenandoah University, reports and recommendations on my behalf will not become a part of my permanent student record.

I understand that by signing I agree to pay tuition and fees and further acknowledge that I agree to reimburse Shenandoah University the fees of any collection agency, which may be based on percentage at a maximum of 33-1/3%, 12% APR on such debt and all costs and expenses, including reasonable attorney's fees, Shenandoah University would incur in such collection efforts.

*Signature Required: _____ *Date: _____

I agree to the terms listed above and I certify that the above information is true and correct. I request the enrollment indicated above. I will contact Shenandoah University to pay my fees in full.

EMAIL /FAX ONLY – This form applies to INTERNATIONAL STUDENT REGISTRATIONS ONLY! All others must enroll and pay online as indicated on the conference website.

***Payment Method: Select an option below.**

If box is checked, email a receipt.

By Phone to Shenandoah University 1) Email completed/signed form to: hornetcentral@su.edu 2) Wait for an email confirmation. 3) Call Hornet Central at 1-540-665-4514 to pay .

By Fax to Shenandoah University 1) Complete the FAX Payments Only portion below 2) Fax completed/signed form by FAX to 1-540-665-5433 Attn: Hornet Central

***Payment in FULL must be received prior to processing this registration form.**

* A 1.5% service fee will be charged to all card payments in addition to the "Total Due" amount listed above. We accept Visa, Mastercard, Discover, American Express

Shenandoah University /Hornet Central Office Hours: M-F 9:00am -5pm (Eastern Time) Email: hornetcentral@su.edu

FAXED Payment Cards Only: I understand my card will be charged for the amount indicated on this form and will include an additional 1.5% service fee.

 Cardholder's Name (As it appears on card)

 Cardholder's Signature:

 Payment Card Number: (VS/MC/ DS/ AX)

 Expiration Date: