



# Tuition Remission Registration Form

## Office of the Registrar

3<sup>rd</sup> Floor, Prothro Hall  
PO Box 1059  
Phone: (434) 381-6179 | Fax: (434) 381-6484  
Email: registrar@sbc.edu

Students who wish to enroll in a class for credit at Sweet Briar College must complete this form and must provide the Registrar's Office with an official transcript (high school transcript if this is the first time enrolling in college courses or an official college transcript for any college course(s) previously taken. Students who wish to take three or more classes, must be interviewed with a counselor in the Admissions Office.

After being approved to enroll for credit, all students need to 1) obtain instructor signatures 2) take this completed form to the Office of the Registrar. **This form will not be processed until after registration is completed for degree-seeking students.** The Office of the Registrar will notify you regarding your admission to the course(s). To **audit a course** please also complete the Grading Option Form.

Semester: \_\_\_\_\_ Year: \_\_\_\_\_ SBC ID: \_\_\_\_\_

Name: \_\_\_\_\_  
*Last First Middle Gender*

SBC Employee: \_\_\_\_\_  
*Relation*

Permanent Address: \_\_\_\_\_  
*Street Address City State Zip*

Mailing Address (if different): \_\_\_\_\_  
*Street Address City State Zip*

Social Sec # \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_ Daytime Phone # (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

If previous attendance at SBC: Year \_\_\_\_\_ Name enrolled under: \_\_\_\_\_

Citizenship (check one): \_\_\_ US Citizen \_\_\_ Permanent Resident \_\_\_ Non-Resident Alien, citizen of \_\_\_\_\_

Race and Ethnicity: The following information is requested from each student in order to show compliance with federal legislation requiring non-discrimination. Please answer BOTH questions below:

1) Are you of a Hispanic or Latino ethnic background? (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)  Yes  No

2) Select 1 (one) or more of the following which best describe your racial background.

- American Indian or Alaska Native** (A person having origins in any of the original peoples of North and South America, including Central America, and who maintains a tribal affiliation or community attachment.)
- Asian** (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)
- Black or African American** (A person having origins in any of the black racial groups of Africa.)
- Native Hawaiian or Other Pacific Islander** (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)
- White** (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)

\_\_\_\_\_  
*Student Signature Date*

Required for students wishing to take three or more classes:

Admissions Office Recommendation: \_\_\_\_\_

Have official transcripts been requested? \_\_\_\_ received? \_\_\_\_

Maximum number of credits allowed per semester: \_\_\_\_\_ Advisor required?: Yes \_\_\_\_ No \_\_\_\_\_

Additional material en route: \_\_\_\_\_

\_\_\_\_\_  
*Signature of Admissions Officer Date*

# Tuition Remission Registration Form (Continued)

Obtain the instructor's signature(s) and return this form to the Registrar's Office.

Course information (please refer to <http://registrar.sbc.edu> to find the information):

CRN	DEPT	NUMBER	SECT	TITLE	CREDITS*	INSTRUCTOR SIGNATURE

\* To **audit a course** please also complete the Grading Option Form.

---

*Supervisor's Signature for Employees*

*Date*

---

*Human Resources Signature*

*Date*

Original – Registrar's Office  
Revised 8/09

Copies to: Business Office, Student