

BENNINGTON COLLEGE

Course Enrollment Application

Last Name: _____ First Name: _____ M.I. _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone (home): _____ (cell): _____

Birthdate: _____ Legal Sex: M F Gender Identity: _____

Soc Sec #: _____

Email: _____

Are you a dependent of a current Bennington College faculty/staff member?

If so, please list his/her name: _____

Enrollment: High School Student (complete section A)

Adult (complete section B)

Bennington Alum (complete section B)

Are you taking class for: credit audit (non-credit)

Applying for: Fall term 20_____

Spring term 20_____

Requested Courses*

Class Code	Class Name	Credits	Faculty	Day	Time
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**Enrollment in courses is only possible if space remains after all full-time students have registered.*

A copy of the current curriculum is available on our website at <http://curriculum.bennington.edu/>

All students (high school and adult) must abide by the Bennington College's rules and regulations as outlined in the Student Handbook available on our website at <http://www.bennington.edu>

All application materials should be sent to
Bennington College - Office of Admissions
mail: 1 College Dr, Bennington, VT 05201
phone: 802-440-4312 toll-free: 800-833-6845 fax: 802-440-4320 email: admissions@bennington.edu

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Section A

Expected date of high school graduation? _____

I have requested that my guidance counselor attach my transcript including grades, class rank, and any test results (SAT, ACT, AP, etc) to this application. I do do not agree to forego my right to read letters of recommendation.

Student Signature _____ Date _____

Parent Signature _____ Date _____

Please include the following materials with this application:

- An official copy of your high school transcript
- Recommendation letter from your guidance counselor
- Testing results (SAT, ACT, AP) if available

Section B

Are you currently enrolled at: SVC CCV Williams Other _____

Are you a Bennington alum: yes no If yes, when did you attend? _____

What is the name and location of the college or high school most recently attended?

Year of Graduation: _____ Highest degree earned? _____

Current Employer and Position: _____

Name of the person writing your letter of recommendation? _____

Please include the following materials with this application:

- Most recently attended School Transcript(s)
- Letter of recommendation

Student Signature _____ Date _____

My signature indicates responsibility for all tuition and fees for courses that appear on my registration. I also realize that non-attendance does not remove my responsibility for tuition and fees. I further understand that I am subject to all faculty and academic policies and procedures.