

HARTFORD CONSERVATORY CLASS CREDIT REGISTRATION FORM

NATIONAL GUITAR WORKSHOP - SUMMER 2009

Complete and mail with Class Credit Payment Form and Payment to: Office of Admissions
Att: NGW Summer 09 Hartford Conservatory 834 Asylum Avenue Hartford CT 06105

Phone: 860.246.2588 Fax: 860.249.6330 Web: www.hartfordconservatory.org Email: jprell@hartfordconservatory.org

Name _____ Date of Birth (Month/Day/Year) _____

Address _____ City _____ State _____ Zip _____

Social Security # _____ Email _____

Daytime Phone _____ Cell Phone (other) _____

Applicants under 18 years

Name of parent/guardian _____

Ethnicity: *Used for statistical purposes only, not for admissions.*

- Please check one.** Nonresident Alien Race and Ethnicity Unknown Hispanics of any Race
 American Indian/Alaska Native Black or African American Native Hawaiian or Other Pacific Islander
 Asian White Two or More Races

NGW site _____ Workshop Session Dates _____ Main Instrument _____

Please refer to NGW Summer 2009 website or catalogue for descriptions and applicable course selection for earned credit.

I am registering for enrollment in the following Core classes

1. _____ 2. _____

3. _____ **Total Core Classes** ____ **X 1 Credit = Total Core Credits** ____

I am registering for enrollment in the following Summits/Seminars

1. _____ 2. _____

Total Summits/Seminars ____ **X 2 Credits = Total Summit/Seminar Credits** ____

Note: *In order to receive credit(s) from the Hartford Conservatory a student must be paid in full for registered credit(s) and have successfully and satisfactorily completed their course of study as confirmed by written evaluation from the National Guitar Workshop.*

By signing this form I certify that all items on this application are answered correctly and completely to the best of my knowledge. I understand that the educational content of the course(s) I have registered for is being provided by the National Guitar Workshop. Upon completion of course(s) and graded evaluation by National Guitar Workshop, I will receive from the Hartford Conservatory a grade report with my grade and applicable credits earned. The Hartford Conservatory, though accredited by the New England Association of Schools and Colleges (NEASC), does not guarantee that all credits are transferable to all post-secondary accredited institutions. Please check with institution for their credit transfer policy.

Applicant (print name) _____

Signature _____

(If applicant is under 18 parent or guardian must sign. Thank you)

Date _____

(02-11-09)

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HARTFORD CONSERVATORY CLASS CREDIT PAYMENT FORM - NGW SUMMER 2009

Complete and mail with Payment and Class Credit Registration Form to: Office of Admissions
Att: NGW Summer 09 Hartford Conservatory 834 Asylum Avenue Hartford CT 06105

Phone: 860.246.2588 Fax: 860.249.6330 Web: www.hartfordconservatory.org Email: jprell@hartfordconservatory.org

Student Name _____

Address _____

City _____ State _____ Zip _____

Daytime Phone _____ Cell Phone (other) _____

Email _____

NGW site _____ Workshop Session Dates _____

Main Instrument _____

Total Core Classes ____ X 1 Credit = Total Core Credits ____ X \$375/Credit = \$ _____

Total Summits/Seminars ____ X 2 Credits = Total Summit/Seminar Credits ____ X \$375/Credit = \$ _____

Core Classes: \$ _____

Summits/Seminars: \$ _____

Total Course Credit Fees Enclosed: \$ _____

I'd like to pay in full with a: Check Credit card

Please charge total amount \$ _____ to my: Visa MasterCard AMEX

Acct # _____ Expiration: _____

Signature: _____

(Required for credit card charges.)

If card holder is different from student please provide the following information (Please Print)

Card Holder Name: _____

Address: _____

City _____ State _____ Zip: _____

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