

Plymouth State University Fall 2009  
**CONTINUING EDUCATION UNDERGRADUATE REGISTRATION**

**In Person:** Take your completed registration form to the Registrar's office (Speare 205) or the Frost School office (Speare 116)  
**Mail/fax to:** Frost School of Continuing and Professional Studies, MSC 10, Plymouth State University, 17 High Street, Plymouth NH 03264-1595  
**Phone:** (603) 535-2822 · **Fax:** (603) 535-2823

*Please Print*

SS or Student ID Number \_\_\_\_\_ Date \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Home Address (number & street) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Local Address (number & street) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Daytime Telephone \_\_\_\_\_ E-mail Address \_\_\_\_\_

Student Signature \_\_\_\_\_

Is this your first course at PSU?  
 Yes  No

Do you receive VA benefits?  
 Yes  No

**PSU DEGREE STUDENT**

Graduate student registering for an undergraduate course

**RESIDENCY**

Resident of NH  Non-resident of NH  
 Have you ever paid non-resident tuition at PSU?  
 Yes  No

**CITIZENSHIP**

Are you a US citizen?  Yes  No  
 If not, country of citizenship: \_\_\_\_\_

Check visa status:  
 Resident alien  Non-resident alien

**ETHNICITY AND RACE**

Are you Hispanic/Latino?  Yes  No  
 Also, select one or more to indicate your race:  
 American Indian or Alaskan Native  Black or African American  
 Native Hawaiian or Pacific Islander  Asian  White

**LEVEL OF EDUCATION COMPLETED**

High School  Associate's  Bachelor's  
 Master's  Other \_\_\_\_\_

**ESTIMATED FEES**

Resident tuition	Credits @ \$292/cr hr	\$ _____
Mandatory fees	Credits @ \$84/cr hr	\$ _____
Non-Resident tuition	Credits @ \$632/cr hr	\$ _____
Mandatory fees	Credits @ \$84/cr hr	\$ _____
	Other fees/charges	\$ _____
	Late fees	\$ _____
	Course fees	\$ _____

**TOTAL \$ \_\_\_\_\_**

*(Course charges, fees, and academic regulations are subject to change without notice.)*

**PAYMENT IS DUE BY AUGUST 7, 2009.**

**SPECIAL NEEDS:** If you have a disability that may require a specific academic accommodation, please contact the Frost School of Continuing and Professional Studies at 535-2822, prior to the start of your course.

**PAYMENT METHOD**

Check  Amex  Mastercard  Visa  Discover Account Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Cardholder's Name \_\_\_\_\_ (please print) Cardholder's Signature \_\_\_\_\_ (required)

*(If you are auditing a course, please put an A under CR#.)*

CRN	COURSE ID	TITLE	CR#	INSTRUCTOR'S SIGNATURE (if needed)