

Plymouth State University Spring 2010
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 + mandatory fees: credits @\$376/cr hr \$ _____
 Non-Resident tuition + mandatory fees: credits @\$716/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 DECEMBER 4, 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 (enclosed)

ELECTRONIC FUNDS TRANSFER

From checking or savings account

Bank routing no. _____

Account holder signature* _____

From credit card (check one) Mastercard Visa Discover Amex

Card no. _____

Name on account _____

Account no. _____

Expiration date _____

Cardholder's name _____
(please print)

Cardholder's signature* _____
(required)

**By providing this signature, the account/cardholder authorizes PSU to process this payment electronically via our third party payment gateway for the total cost of this registration.*

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

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