

Frost School of Continuing and Professional Studies Undergraduate Registration Winterim 2010

In Person: Take your completed registration form to the Registrar's office, Speare 208 or 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:

PSU ID OR SOCIAL SECURITY NUMBER	DATE OF BIRTH	SEX
LAST NAME	FIRST NAME	MIDDLE INITIAL
HOME ADDRESS (NUMBER AND STREET)		
CITY	STATE	ZIP CODE
LOCAL ADDRESS (NUMBER AND 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

CLASSIFICATION

Non-degree
 Unclassified (undergraduate)
 Full- or part-time student at: _____

PSU DEGREE STUDENT

Full-time undergraduate Graduate student registering for an undergraduate course
 Part-time undergraduate

RESIDENCY

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

CITIZENSHIP

Are you a U.S. citizen? Yes No
 If not, country of citizenship: _____
 Check visa status:
 Resident alien Non-resident alien

SPECIAL NEEDS: If you have a disability that may require a specific academic accommodation, please contact the Frost School by calling (603) 535-2822 prior to the start of your course.

ETHNIC ORIGIN (choose one)

American Indian/Alaskan Native Hispanic/Latino
 Black/African American White
 Native Hawaiian or Pacific Islander Asian

LEVELS OF EDUCATION

High School Master's
 Associate's Other
 Bachelor's None

TUITION AND FEES

Resident Tuition and _____ Credits @ \$325/cr hr \$ _____
 Mandatory Fees
 Non-Resident Tuition and _____ Credits @ \$354/cr hr \$ _____
 Mandatory Fees
 TOTAL \$ _____

Payment is due at the time of registration.

If your course is listed with a dollar sign, the course fee must be paid at the time of registration.

METHOD OF PAYMENT

Paper Check (enclosed)

Electronic Funds Transfer/Payment

From Checking or Savings Account

NAME ON ACCOUNT _____

BANK ROUTING NUMBER _____

ACCOUNT NUMBER _____

SIGNATURE OF ACCOUNT HOLDER _____

From Credit Card (circle one) MC Visa Discover AmEx

CARDHOLDER'S NAME _____

ACCOUNT NUMBER _____ EXP DATE _____

CARDHOLDER SIGNATURE*

**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 (ONLY IF NEEDED)