

Plymouth State University Community Education Registration Form

Registrations must be received one week prior to the first class meeting to ensure classes are not full or cancelled.

PSU ID Number: _____

First Name: _____ Last Name: _____

Date of Birth: _____ Gender: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home phone: _____ Cell Phone: _____

Email: _____ Work Phone: _____

Are you currently employed by PSU? _____

Course Name: _____ CRN Number: _____

Course Name: _____ CRN Number: _____

Course Name: _____ CRN Number: _____

TUITION:	\$ _____
REGISTRATION FEE:	\$ _____
TOTAL DUE:	\$ _____

PAYMENT METHOD	<input type="checkbox"/> Check	<input type="checkbox"/> Amex	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Visa	<input type="checkbox"/> Discover
Account Number	_____				
Expiration Date	_____				
Signature:	_____				

Please note: Participants are automatically enrolled once payment is received.

Make checks payable to Plymouth State University.

Mail completed registration and payment to:

Frost School of Continuing & Professional Studies

Attn: Tamara Cocchiarella

17 High Street, MSC 10

Plymouth State University

Plymouth NH 03264

Visit our website: plymouth.edu/frost/communityeducation or

Call Linda Hammond at 603-535-2868 or Gail Carr 603-535-2228 for more information.