

Plymouth State University College of Graduate Studies Winter 2009-2010 Registration Form

TODAY'S DATE _____

(1) COMPLETE ALL ITEMS. (2) FILL IN AND TOTAL ALL CHARGES DUE. (3) SIGN THIS FORM AT THE BOTTOM.

LAST NAME	FIRST NAME	MI

	OR		
STUDENT ID NUMBER (CURRENT STUDENT)		SOCIAL SECURITY NUMBER (FIRST TIME STUDENT)	OTHER NAMES USED IN UNIVERSITY SYSTEM

	HAVE YOU BEEN ADMITTED TO THE COLLEGE OF GRADUATE STUDIES?	<input type="checkbox"/>	<input type="checkbox"/>	
BIRTH DATE (MMDDYYYY)		NO	YES	IF YES, MAJOR?

MAILING ADDRESS	CITY/TOWN	STATE	ZIP	

HOME PHONE WITH AREA CODE	WORK PHONE WITH AREA CODE	EXT.	CELL PHONE WITH AREA CODE

PERSONAL E-MAIL	BUSINESS E-MAIL

ARE YOU A U.S. CITIZEN? YES NO IF NO, PLEASE SELECT ONE: RESIDENT ALIEN NON-RESIDENT ALIEN

COUNTRY OF ORIGIN _____ VISA TYPE _____

ARE YOU A NEW HAMPSHIRE RESIDENT? YES NO HAVE YOU EVER PAID OUT-OF-STATE TUITION AT PSU? YES NO

PLEASE COMPLETE ALL THAT APPLY. I HAVE A:

BACHELOR'S DEGREE FROM _____ MASTER'S DEGREE FROM _____

CERTIFICATE OF ADVANCED GRADUATE STUDIES FROM _____ DOCTORATE FROM _____

CHECK HERE IF YOU HAVE A DISABILITY THAT MAY REQUIRE SPECIAL SERVICES. CHECK HERE IF YOU RECEIVE VA BENEFITS.

FOR STATISTICAL USE ONLY: F M ETHNICITY AND RACE: ARE YOU HISPANIC/LATINO? YES NO

SELECT ONE OR MORE TO INDICATE YOUR RACE:

AMER. INDIAN/ALASKAN NATIVE BLACK/AFRICAN AMERICAN ASIAN WHITE NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER

COURSE DEPT	COURSE NUMBER	COURSE TITLE	CRN	LOCATION	CR	INSTRUCTOR	COURSE CHARGE

WINTER 2009-2010 TUITION PER CREDIT**		
COURSE #	IN-STATE	OUT-OF-STATE
5000-6999	\$449	\$491
7000-7999	\$473	\$518
8000-8999	\$523	\$573

ADMIN FEE*	\$25
OTHER FEES	
TOTAL	

*PLEASE NOTE: THERE IS A \$25 ADMINISTRATIVE FEE FOR ALL GRADUATE REGISTRATION FORMS. PAYMENT AND ANY SUPPORTING DOCUMENTS MUST ACCOMPANY REGISTRATION IN ORDER TO PROCESS ENROLLMENT. **TUITION RATES ARE SUBJECT TO CHANGE AND TO USNH APPROVAL. *** RETURNED CHECKS WILL BE ASSESSED A FEE.

STUDENT SIGNATURE _____ ENCLOSED IS MY CHECK FOR\$ _____ (PAYABLE TO PSU) ***

APPROVED FINANCIAL AID PURCHASE ORDER USNH TUITION WAIVER ASSISTANTSHIP/FELLOWSHIP WAIVER OTHER SPECIFY _____

NAME AS IT APPEARS ON CARD _____ CHARGE \$ _____ TO MY CREDIT CARD
(PLEASE PRINT)

CARD HOLDER SIGNATURE _____

		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ACCOUNT NUMBER	EXPIRATION DATE (MMYY)	VISA	MASTERCARD	AMEX	DISCOVER