

Today's date _____

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Student ID	Last name	First	MI
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Home Address	City/Town	State	Zip

Term: Fall Winter Spring Summer
 Program: EdD CAGS MAT MBA MEd MS Other

ADD A COURSE:

Course Dept	Course Number	Course Title	CRN	Credits	Course Charge
A \$25 fee per add will be assessed for all scheduled changes. Please attach payment or provide credit card information.				Admin Fee	\$25.00
				Total	

Student's Signature: _____

Instructor's Signature (Required if you are adding after the course has started): _____

PAYMENT METHOD:

Approved Financial Aid Purchase Order USNH Tuition Waiver Check (Payable to PSU)
 Credit Card Other _____
 Visa MasterCard Discover American Express

<input type="text"/>	<input type="text"/>	<input type="text"/>
Account Number	Expiration Date	CVV2 Code

I authorize Plymouth State University College of Graduate Studies to charge \$ _____ to my credit card.

Card Holder Signature _____