

HAVE YOU BEEN ADMITTED TO THE COLLEGE OF GRADUATE STUDIES?  YES  NO

IF YES, PROGRAM \_\_\_\_\_ IS THIS YOUR FIRST COURSE AT PSU?  YES  NO

LAST NAME

FIRST NAME MI

STUDENT ID NUMBER (CURRENT STUDENT)

OR SOCIAL SECURITY NUMBER (FIRST TIME STUDENT)

OTHER NAMES USED IN UNIVERSITY SYSTEM

BIRTH DATE (MMDDYYYY)

F M

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 CITIZENSHIP \_\_\_\_\_

VISA TYPE \_\_\_\_\_

ARE YOU A NEW HAMPSHIRE RESIDENT?  YES  NO

HAVE YOU EVER PAID OUT-OF-STATE TUITION AT PSU?  YES  NO

DO YOU RECEIVE VA BENEFITS  YES  NO

DO YOU HAVE A DISABILITY THAT MAY REQUIRE SPECIAL SERVICES  YES  NO

ETHNICITY AND RACE:

ARE YOU HISPANIC/LATINO?  YES  NO

SELECT ONE OR MORE TO INDICATE YOUR RACE:

AMERICAN INDIAN/ALASKAN NATIVE  ASIAN  WHITE

BLACK/AFRICAN AMERICAN  NATIVE HAWAIIAN/PACIFIC ISLANDER

PLEASE COMPLETE ALL THAT APPLY. I HAVE A :

BACHELOR'S DEGREE FROM \_\_\_\_\_

MASTER'S DEGREE FROM \_\_\_\_\_

CAGS FROM \_\_\_\_\_

DOCTORATE FROM \_\_\_\_\_

STUDENT SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

I CERTIFY THAT THE INFORMATION SUPPLIED ON THIS REGISTRATION FORM IS TRUE. PLEASE REGISTER ME FOR THE COURSES LISTED BELOW.

COURSE DEPT	COURSE NUMBER	COURSE TITLE	CRN	LOCATION	CR	INSTRUCTOR	COURSE CHARGE
ED	5310	NELMS Young Adolescent Learners	309	Off Campus	2-3	Needham	

**2011-2012**  
**TUITION & MANDATORY FEES PER CREDIT\*\***  
**\$165.00/credit**  
**TUITION RATE VALID THROUGH 6/30/2012**

ADMIN FEE*	\$25
OTHER FEES	
TOTAL	

**PAYMENT METHOD:**

FINANCIAL AID AWARD \$ \_\_\_\_\_  PURCHASE ORDER  USNH TUITION WAIVER  ASSISTANTSHIP WAIVER  PSU PAYMENT PLAN ACCT.# \_\_\_\_\_

ENCLOSED IS MY CHECK FOR \$ \_\_\_\_\_ (PAYABLE TO PSU) \*\*\*  OTHER SPECIFY \_\_\_\_\_

E-CHECK\*\*\*  BANK ROUTING NUMBER

BANK ACCOUNT NUMBER

VISA  MC  AMEX  DISCOVER

CREDIT CARD ACCOUNT NUMBER

EXPIRATION DATE (MMYY)

CCV2 CODE

NAME AS IT APPEARS ON BANK/CREDIT CARD ACCOUNT \_\_\_\_\_ (PLEASE PRINT)

E-CHECK/CHARGE AMOUNT \_\_\_\_\_

ACCOUNT HOLDER SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

\*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.

MAIL TO: PLYMOUTH STATE UNIVERSITY COLLEGE OF GRADUATE STUDIES, MSC 11, 17 HIGH STREET, PLYMOUTH NH 03264-1595 OR FAX TO: (603) 535-2572