



GRADUATE STUDENT REGISTRATION IN UG COURSE

See the undergraduate Time & Room Schedule for registration dates. Return form to College of Graduate Studies.

Name (Please print)			Student ID#
Last	First	M.I.	
Home Address			
Street			Phone
City			State Zip
Your Address while attending classes (if different from above)			
Street			Phone
City			State Zip

Daytime Phone <input style="width: 90%;" type="text"/>	Date of Birth <input style="width: 90%;" type="text"/>	Gender <input type="checkbox"/> F <input type="checkbox"/> M
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Is this your first course at PSU? <input type="checkbox"/> Y <input type="checkbox"/> N If No, Years Attended: _____ Do you receive VA benefits? <input type="checkbox"/> Y <input type="checkbox"/> N	Graduate Status: Admitted <input type="checkbox"/> Y <input type="checkbox"/> N Residency: Resident of NH <input type="checkbox"/> Y <input type="checkbox"/> N Non-Resident of NH <input type="checkbox"/> Y <input type="checkbox"/> N Have you ever paid non-resident tuition at PSU? <input type="checkbox"/> Y <input type="checkbox"/> N If Yes, When: _____	Ethnic Origin: <input type="checkbox"/> White <input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaskan Native: <input type="checkbox"/> Hispanic or Latino: <input type="checkbox"/> Native Hawaiian or Pacific Islander:
Citizenship: Are you a U.S. Citizen? <input type="checkbox"/> Y <input type="checkbox"/> N If not, check Visa status: Resident Alien: <input type="checkbox"/> Non-Resident Alien: <input type="checkbox"/> Country of citizenship: _____		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Note: all prerequisites are enforceable. **Term:** _____ **Year:** _____

CRN	Course ID	Title	Cr.	Signature of Instructor

BY SIGNING HERE: I verify that the above information is accurate and complete.

_____ Student Signature	_____ Date
Approved Financial Aid: <input type="checkbox"/> Check: <input type="checkbox"/> Voucher: <input type="checkbox"/> Waiver: <input type="checkbox"/> Assistantship: <input type="checkbox"/> USNH Waiver: <input type="checkbox"/> PO: <input type="checkbox"/>	
Other: _____ Mastercard: <input type="checkbox"/> Visa: <input type="checkbox"/> Discover: <input type="checkbox"/>	
Account Number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Expiration Date: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> CVV2 code: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Amount: <input type="text"/> \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Authorized Signature to Charge: _____	