Plymouth State University
of the University System of New Hampshire
Office of the Registrar

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 _____ **Date of Birth** _____ **Gender** F M

Is this your first course at PSU? Y N
If No, Years Attended: _____
Do you receive VA benefits? Y N

Citizenship:
Are you a U.S. Citizen? Y N
If not, check Visa status:
Resident Alien: ☐
Non-Resident Alien: ☐
Country of citizenship:_____

Graduate Status:
Admitted Y N

Residency:
Resident of NH Y N
Non-Resident of NH Y N

Have you ever paid non-resident tuition at PSU? Y N
If Yes, When: _____

Ethnic Origin:
White ☐
African American ☐
Asian ☐
American Indian or Alaskan Native: ☐
Hispanic or Latino: ☐
Native Hawaiian or Pacific Islander: ☐

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: ☐ Check: ☐ Voucher: ☐ Waiver: ☐ Assistantship: ☐ USNH Waiver: ☐ PO: ☐

Other:_____ Mastercard: ☐ Visa: ☐ Discover: ☐

Account Number: Expiration Date: CVV2 code Amount
$

Authorized Signature to Charge:_____