

(1) COMPLETE all items.

(2) FILL IN and TOTAL all charges due.

(3) SIGN this form at the bottom.

TODAY'S DATE _____

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Banner Student ID Number

and/or

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Social Security Number

Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Last

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

First

MI

Other names used in University System _____

Have you been admitted to the College of Graduate Studies? no yes If yes, what is your major? _____

If this is an address change, please check here _____

Home Address

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Street

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

City/Town

--	--	--	--

State

--	--	--	--	--	--	--	--

ZIP

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Birth Date (MMDDYYYY)

--	--	--	--

Area Code

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Home Phone

--	--	--	--

Area Code

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Work Phone

--	--	--	--	--	--	--	--

ext.

Home Email _____

Work Email _____

Are you a U.S. Citizen? Yes No If not U.S. citizen: Resident Alien Non Resident Alien/Country of origin _____ VISA TYPE: _____

Are you a New Hampshire resident? yes no

I have a Bachelor's Degree from _____.

I have a Master's Degree from _____.

I have a Certificate of Advanced Graduate Study from _____.

I have a Doctorate from _____.

Check here if you have a disability which may require special services. Check here if you have ever paid out-of-state tuition. Check if you receive VA benefits.

For Statistical Use Only: F M Ethnic: 1. Am Indian-Alaskan 2. Black Non Hispanic 3. Asian Pacific Islander 4. Hispanic 5. White Non-Hispanic 6. Other

Course Dept		Course Number					Workshop Title	Workshop Dates	Location	Cr	Course Charge
P	A	5	5	6	0						
								Off Campus	2		
Admin. Fee										\$25	
TOTAL											

Tuition Per Credit

\$135/credit

(Residents & Non Residents)

ALL requests for graduate credit for workshop attendance MUST include a 3-5 page REFLECTION paper. The topic of this reflection is to review the learning experience and its application in the attendee's professional environment.

Student Signature _____

Enclosed is my check for _____ Checks returned from bank will be assessed a fee

Approved Financial Aid Purchase Order USNH Tuition Waiver Other Specify _____

Card Holder Signature _____ Charge _____ to my credit card

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Account Number

Specify: Visa MasterCard Discover Am.Ex. Expiration Date _____

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Mail to: Plymouth State University, College of Graduate Studies - MSC 11, Attn: PA Registration ~ 17 High Street, ~ Plymouth, NH 03264 ~ Fax (603) 535-2572