



Registration Form

Return form to the registrar's office at psu-registrar@plymouth.edu.

First Name _____ Last Name _____ Middle _____

Other Name(s) Used in the University System? _____

Have you been admitted to a program? Yes No If yes, do not fill out this form. You will register online via myPlymouth.

If no, I am applying for admission* taking classes before applying* taking classes but not applying for admission

Other _____

**Students interested in the DPT or EdD programs must start with the Program Coordinator.*

Is this your first class at PSU? Yes No If yes, please fill out the rest of this form.

If no, and you are still an active PSU student, please log into myPlymouth to register for classes. If you need a time ticket, please contact the registrar's office as noted below.

If no, and you are currently an inactive student, please fill out the rest of this form.

Mailing Address _____ City _____ State _____ Zip _____

Cell Phone _____ Alternate Phone _____ M F

Email Address _____ Student ID# (Previous Student) _____

Last Four SSN Digits: _____ Birth Month and Day (MM/DD) _____

Are you a U.S. Citizen? Yes No	Ethnicity/Race:
If not, Visa Status: Resident Alien Non-Resident Alien	American Indian/Alaska Native Asian
Nation of Citizenship: _____	Black/African American White
Have you been a NH resident for at least 12 months? Y N	Native Hawaiian/Pacific Islander
Do you receive VA educational benefits? Y N	Are you Hispanic/Latino? Yes No
Please complete all that apply—I have completed: High School Associate's Bachelor's Master's Other None	

Please remember to indicate the term (Fall, Winterim, Spring, or Summer) and the year for the course or courses for which you are registering.

Term & Year	Course Number	Course Title	CRN	Indicate # of Credits <i>OR</i> <u>Audit</u>	<ul style="list-style-type: none"> • Instructor Signature (if required) • CAGS or EdD Program Coordinator Signature (required for all EP and HD 7000-level courses)
<i>(Example)</i> Summer 2018	EN-1234	English Example	1111	3 credits	

Student Signature _____ Date _____
I certify that the information supplied on this form is true.

Processed by: _____	Date _____	11/2022
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