



Project Adventure Graduate Credit 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 Is this your first class at PSU? Yes No

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: Asian White

 If not, Visa Status: Resident Alien Non-Resident Alien American Indian/Alaska Native

Nation of Citizenship: _____ Black/African American

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, Spring, or Summer) and the year for the course or courses for which you are registering. You must register for graduate credit within 30 days of the workshop's end date.

| Term & Year | Course Number | Course Title | CRN | Indicate # of Credits | Workshop Dates |
|------------------------------|----------------|-------------------------------------|--------------|-----------------------|------------------------------|
| <i>(Example) Summer 2018</i> | <i>EE-5255</i> | <i>Adventure with Youth at Risk</i> | <i>40132</i> | <i>2</i> | <i>May 21 – May 23, 2022</i> |
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Graduate Students: Full payment is due at the time of registration. **Tuition and fees are subject to change.**

Payment options, billing information, and financial aid information are listed on the Student Financial Services (SFS) website (<https://campus.plymouth.edu/financial-aid/financial-essentials/>). If your enrollment is covered by an alternative method (i.e., purchase order, USNH tuition waiver, Assistantship waiver, veteran's benefits, etc.) please contact SFS at psu-sfs@plymouth.edu.

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

Processed by: _____ Date _____ 1/2023