

**CONFIDENTIAL**

HAVE YOU BEEN ADMITTED TO A GRADUATE PROGRAM?  YES  NO IF YES, PROGRAM \_\_\_\_\_ IS THIS YOUR FIRST COURSE AT PSU?  YES  NO

LAST NAME										FIRST NAME										MI
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STUDENT ID NUMBER (CURRENT STUDENT)										OR										US SOCIAL SECURITY NUMBER (FIRST TIME STUDENT)									
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BIRTH DATE (MMDDYYYY)										F	M	OTHER NAMES USED IN UNIVERSITY SYSTEM									
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MAILING ADDRESS																								
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CITY/TOWN															STATE	ZIP
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HOME PHONE WITH AREA CODE										WORK PHONE WITH AREA CODE										EXT.	CELL PHONE WITH AREA CODE									
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PERSONAL E-MAIL \_\_\_\_\_

BUSINESS E-MAIL \_\_\_\_\_

ARE YOU A U.S. CITIZEN?  YES  NO  
 IF NOT, VISA STATUS:  RESIDENT ALIEN  NON-RESIDENT ALIEN  
 NATION OF CITIZENSHIP \_\_\_\_\_  
 NATION OF BIRTH \_\_\_\_\_  
 HAVE YOU BEEN A NH RESIDENT FOR AT LEAST 12 MONTHS?  YES  NO  
 HAVE YOU EVER PAID OUT-OF-STATE TUITION AT PSU?  YES  NO  
 DO YOU RECEIVE VA BENEFITS?  YES  NO  
 DO YOU HAVE A DISABILITY THAT MAY REQUIRE SPECIAL SERVICES?  YES  NO

ETHNICITY AND RACE:  
 ARE YOU HISPANIC/LATINO?  YES  NO  
 INDICATE YOUR RACE:  
 AMERICAN INDIAN/ ALASKAN NATIVE  ASIAN  WHITE  
 BLACK/ AFRICAN AMERICAN  NATIVE HAWAIIAN/PACIFIC ISLANDER

PLEASE COMPLETE ALL THAT APPLY. I HAVE A:  
 BACHELOR'S DEGREE FROM \_\_\_\_\_  MASTER'S DEGREE FROM \_\_\_\_\_

STUDENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

I CERTIFY THAT THE INFORMATION SUPPLIED ON THIS REGISTRATION FORM IS TRUE. PLEASE REGISTER ME FOR THE COURSES LISTED BELOW.

COURSE DEPT	COURSE NUMBER	COURSE TITLE	CRN	DATES	LOCATION	CR	INSTRUCTOR	COURSE CHARGE
CE	5560	ST:The Learning Commons at CMTC	20154	11/29-12/1	OFF	1-3	P. Harland	
<b>Student must be registered by January 2, 2017.</b>								

**Winter 2016-17**  
 TUITION & MANDATORY FEES PER CREDIT\*\*  
 \$199/Credit

ADMIN FEE*	\$30
OTHER FEES	
TOTAL	

**PAYMENT INFORMATION WILL NOT BE ACCEPTED VIA EMAIL**

**PAYMENT INFORMATION:**  
 NAME AS IT APPEARS ON BANK/CREDIT CARD ACCOUNT \_\_\_\_\_ (PLEASE PRINT) \_\_\_\_\_ E-CHECK/CHARGE AMOUNT \_\_\_\_\_  
 ACCOUNT HOLDER SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
 FINANCIAL AID AWARD \$ \_\_\_\_\_  PURCHASE ORDER  USNH TUITION WAIVER  ASSISTANTSHIP WAIVER  PSU PAYMENT PLAN ACCT.# \_\_\_\_\_  
 ENCLOSED IS MY CHECK FOR \$ \_\_\_\_\_ (PAYABLE TO PSU)\*\*\*  VETERAN'S AFFAIRS BENEFITS  OTHER SPECIFY \_\_\_\_\_

PLEASE NOTE: A NON-REFUNDABLE 2.75 PERCENT SERVICE CHARGE WILL BE ASSESSED ON ALL CREDIT/DEBIT CARD TRANSACTIONS. PAYMENTS MADE VIA E-CHECK WILL NOT BE ASSESSED A SERVICE CHARGE. CONTACT STUDENT ACCOUNT SERVICES FOR MORE INFORMATION AT TOLL FREE (877) 846-5755 OR E-MAIL PSU-STUDENTACCOUNT@PLYMOUTH.EDU.

E-CHECK\*\*\*

BANK ROUTING NUMBER										BANK ACCOUNT NUMBER									
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<input type="checkbox"/> VISA <input type="checkbox"/> MC <input type="checkbox"/> AMEX <input type="checkbox"/> DISC	CREDIT CARD ACCOUNT NUMBER										EXPIRATION DATE (MMYY)				CCV2 CODE (3 OR 4 DIGITS)			
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\* THERE IS A \$30 NON-REFUNDABLE ADMINISTRATIVE FEE FOR ALL GRADUATE REGISTRATION FORMS. PAYMENT AND ANY SUPPORTING DOCUMENTS MUST ACCOMPANY REGISTRATION IN ORDER TO PROCESS ENROLLMENT.  
 \*\* TUITION RATES ARE SUBJECT TO CHANGE AND TO USNH APPROVAL.  
 \*\*\* RETURNED CHECKS WILL BE ASSESSED A FEE.

**MAIL TO: PSU Office of the Registrar, MSC 7, 17 HIGH STREET, PLYMOUTH NH 03264-1595 OR FAX TO: (603) 535-2724**