Plymouth State University College of Graduate Studies **2011-2012 Partnership Registration Form**

HAVE YOU BEEN ADMITTED TO THE COLLEGE OF GRADUATE STUDIES? ☐ YES ☐ NO _____ IF YES, PROGRAM

IS THIS YOUR FIRST COURSE AT PSU? ☐ YES ☐ NO

LAST NAME | FIRST NAME | MI

STUDENT ID NUMBER **(CURRENT STUDENT)** OR SOCIAL SECURITY NUMBER **(FIRST TIME STUDENT)**

OTHER NAMES USED IN UNIVERSITY SYSTEM

BIRTH DATE (MMDDYYYY) F M

MAILING ADDRESS | CITY/TOWN | STATE | ZIP

HOME PHONE WITH AREA CODE | WORK PHONE WITH AREA CODE | EXT. | CELL PHONE WITH AREA CODE

PERSONAL E-MAIL | BUSINESS E-MAIL

ARE YOU A U.S. CITIZEN? ☐ YES ☐ NO

IF NO, PLEASE SELECT ONE: ☐ RESIDENT ALIEN ☐ NON-RESIDENT ALIEN

COUNTRY OF CITIZENSHIP _____

VISA TYPE _____

ARE YOU A NEW HAMPSHIRE RESIDENT? ☐ 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

SELECT ONE OR MORE TO 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 _____

☐ CAGS FROM _____ ☐ DOCTORATE 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	LOCATION	CR	INSTRUCTOR	COURSE CHARGE
ED	5500	ST:21st Century Libraries	40277	Off Campus	1	Tinker	165.00
Student must register no later than 8/31/2011							

2011-2012 TUITION PER CREDIT
$165/CREDIT**
TUITION RATE VALID THOUGH 6/30/2012

ADMIN FEE*	$25
OTHER FEES	
TOTAL	190.00

PAYMENT METHOD:

☐ FINANCIAL AID AWARD $ _____ ☐ PURCHASE ORDER ☐ USNH TUITION WAIVER ☐ ASSISTANTSHIP WAIVER ☐ PSU PAYMENT PLAN ACCT.# _____

ENCLOSED IS MY CHECK FOR $ _____ (PAYABLE TO PSU) *** ☐ OTHER SPECIFY _____

☐ E-CHECK***

BANK ROUTING NUMBER | BANK ACCOUNT NUMBER

☐ VISA ☐ MC ☐ AMEX ☐ DISCOVER

CREDIT CARD ACCOUNT NUMBER | EXPIRATION DATE (MMYY) | CCV2 CODE

NAME AS IT APPEARS ON BANK/CREDIT CARD ACCOUNT _____ (PLEASE PRINT)

E-CHECK/CHARGE AMOUNT _____

ACCOUNT HOLDER SIGNATURE _____ DATE _____

*PLEASE NOTE: THERE IS A $25 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: PLYMOUTH STATE UNIVERSITY COLLEGE OF GRADUATE STUDIES, MSC 11, 17 HIGH STREET, PLYMOUTH NH 03264-1595 OR FAX TO: (603) 535-2572