

(1) COMPLETE all items.

(2) FILL IN and TOTAL all charges due.

(3) SIGN this form at the bottom.

TODAY'S DATE \_\_\_\_\_

and/or   
Banner Student ID Number

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	Course Title	CRN	Location	Cr	Instructor	Course Charge
H S	5 5 6 0	ST:Canadian Studies Summer Institute	8 1 1 0 5	Off Campus	2	B. Arntzen	\$290.00
				Admin. Fee*		25.00	\$25.00
				TOTAL			\$315.00

**Tuition Per Credit**

**\$145/credit**

*(Residents & Non Residents)*

\*Please note: there is a \$25 administrative fee for all graduate registration forms. Payment and any supporting documents must accompany registration in order to enroll in class.

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 \_\_\_\_\_