Division of Graduate Studies Registration Form

(1) COMPLETE all items. **(2) FILL IN and TOTAL all charges due.** **(3) SIGN this form at the bottom.** **TODAYS DATE _____**

Social Security Number* **Name** Last First Middle Init.

***SSN is used for ID purposes only within the University System of NH or it's agents. SSN may be required to claim education tax credits.**

If this is an address change, please check here ____ **Other names used in University System_____**

Home Address **Birth date:**

Street **City/Town** **Month Day Yr**

STATE **ZIP** **Home Phone** **Work Phone**

Home Email _____Work Email _____

Are you a US Citizen Yes ☐ No ☐ If Not US Citizen: Resident Alien ☐ Non Resident Alien ☐ Country of origin _____VISA TYPE:_____

- ❑ **I verify that I have been a NH resident for at least 12 consecutive months for purposes other than my education**
- ❑ **I have a Bachelor's Degree.**
- ❑ **Check here if you have a disability which may require special services:**

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. Non-Res. Alien

Course Dept	Course Number	Course Title	Course Ref. Number	Location	Credits	X
ED	5500.N 8	Topics: Administrators' Leading Learning	80957	Off Campus	2	

Student Signature _____

Plymouth State University
Registration Form

Course Dept	Course Number	Course Title	Course Ref. Number	Location	Credits	X
ED	5500N8	Topics: Administrators' Leading Learning	80957	Off Campus	2	

Tuition Fees:	In-State (NH)	Non-resident
2 credits	$215	$235

Are you a US Citizen Yes ☐ No ☐ If Not US Citizen: Resident Alien ☐ Non Resident Alien ☐ Country of origin _____VISA TYPE:_____

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Payment must accompany registration. We will not accept registrations without approved payment method.

_____Enclosed is my check payable to NELMS for $_____. Checks returned from bank will be assessed a fee.

Enter Credit Card Payment Information Below:

Account Number **Specify: ____Visa ____MasterCard** **Expiration Date**

Card Holder Signature_____ Charge _____ to my Credit Card

SUBMIT THE ORIGINALS OF BOTH PAGES OF THIS FORM TO:
NEW ENGLAND LEAGUE OF MIDDLE SCHOOLS
460 BOSTON STREET
TOPSFIELD, MA 01983-1223
Fax (978) 887-6504 or email nbarry@nelms.org