

Franklin Pierce University
Academic Preference Form

NAME: _____ DATE: _____ EMAIL: _____

This form is designed to help the Office of the Registrar give you the best course placement possible and to alert us to any special circumstances. Please complete both pages and return them in the envelope provided along with your registration form.

1. Using the enclosed list of topics for IC101, please indicate your top three choices below:

1. _____
2. _____
3. _____

2. What major(s) are you considering? _____

3. When do you *prefer* classes? (some courses will only be available in the morning or in the afternoon)

_____Morning (8am-Noon) _____Afternoon (Noon – 6/7pm) _____No preference

Is it more important for you to have _____your 1st choice classes OR _____classes during your preferred time?

Is there any time of day when you CANNOT be scheduled for classes? _____

4. If you intend to play a varsity sport, which one(s)? _____

5. Do you expect to have transfer or advanced placement credits when you arrive? You must have official transcripts or AP test results sent to Franklin Pierce University from the granting institution in order to receive credit.

_____Transfer Credit (how many credits? _____) _____AP Credit _____None

If yes, in which subject(s)? _____

6. Do you expect to be attending school full time or part time?

_____Full Time (15-16 credits/5 courses) _____Part Time (less than 12 credits/less than 4 courses)

_____Full Time, reduced load* (12-14 credits/4 courses)

*please see your catalogue or freshman guide for more information about taking a reduced load of courses

7. Will you be _____ living on campus or _____ living at home/off campus?

8. Is there any additional information you would like us to know before we create your class schedule for your first semester at Franklin Pierce University?

Franklin Pierce University

Academic Services Center

NAME: _____ DATE: _____ EMAIL: _____

Would you like to receive information about extra assistance available in:

____ Writing ____ Math ____ Science ____ Reading ____ Study Skills/Time Management

Have you ever been in a talented & gifted program? ____ yes ____ no ____ not sure

Please note that filling out the information below is optional. Even if you have a learning disability, you do not need to disclose that to the college, unless you are seeking services. Even if you are seeking services, you do not need to fill out this form, but may contact the Coordinator of Academic Accommodations directly.

This information will be kept in a confidential file in Academic Services only.

1. Do you have any documented* learning disability of which we should be aware?

2. Will you need special services or accommodations for a documented* learning disability (i.e. ADHD, TBI, visual or hearing deficit)? ____ Yes ____ No

If yes, please describe what you will need:

*Note: A psychoeducational report, no more than three years old, and a request for specific services must be on file in Academic Services by the beginning of the semester. If advance arrangements for specific accommodations need to be made or if you have questions, please feel free to call our Coordinator of Academic Accommodations at (603) 899-4044.