

FranklinPierce UNIVERSITY

THE COLLEGE OF
GRADUATE AND PROFESSIONAL STUDIES

Registration Form

[] CHECK IF THIS IS YOUR FIRST REGISTRATION AT FRANKLIN PIERCE UNIVERSITY

CENTER (Circle one): CONCORD KEENE LEBANON MANCHESTER PORTSMOUTH ONLINE

UNDERGRADUATE TERM: TERM 1 TERM 2 TERM 3 TERM 4 TERM 5 TERM 6 CATALOG YEAR: _____

GRADUATE TERM: TERM 1 TERM 2 TERM 3 TERM 4 CATALOG YEAR: _____

NAME _____
LAST FIRST MI STUDENT ID NUMBER

PHONE NUMBER(S): _____ EMAIL: _____

REPEAT	AUDIT	COURSE #	SEC #	COURSE TITLE	DAYS	TIME(S)

* I understand that my student account is my financial and legal obligation. * I understand that I must pay the full amount of any remaining tuition bill even if I withdraw after the Add/Drop period. * I understand that defaulting on my tuition account will result in serious consequences, which may include being sent to a collection agency. * I understand that I will be responsible for all collection and litigation fees.

STUDENT SIGNATURE _____ DATE _____ PAY METHOD: SELF ___ F.A. ___ V.A. ___ VOC ___ DIRECT BILL ___

STUDENT STATUS: C R N PREREQUISITE CHECKED _____

ENTERED ON COMPUTER: _____ FINANCIALLY CLEARED _____

Rev: 6/07

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