UNIVERSITY OF NEW HAMPSHIRE AT MANCHESTER CREDIT COURSE REGISTRATION FORM

COMPLETE ALL ITEMS

Today's Date _____

Social Security Number

Full Last Name | Full First Name | M. Initial

Other names used previously within the University System: _____

Male ☐ Female ☐

NH Res ☐ Non Res ☐

FOR OFFICE USE

Level | Wthold | Campus | College

VETERAN STATUS:
- ☐ Vet Using Benefits
- ☐ Dependent Using Benefits
- ☐ Vet Using Voc.Rehab

Birthdate Numbers: Month | Day | Year

ETHNIC BACKGROUND
For Fed Govt Stats Only.

Am Indian-Alaskan	☐ 1
Black-Non Hispanic	☐ 2
Asian-Pacific Isl	☐ 3
Hispanic	☐ 4
White-Non Hispanic	☐ 5
Non-Res Alien	☐ 9

Local Mailing Address
Street/RFD/Box

City/Town | State | Zip

Home Telephone
Area

Business or Other Daytime Telephone
Area | Ext

E-Mail Address

Cell Phone

Are you currently admitted to a degree program at Manchester or Durham? ☐ No ☐ Yes _____ Campus _____ Degree Sought

Have you previously taken a course at Manchester or Durham? ☐ No ☐ Yes _____ Approximate Date and Campus

What degree do you hold? ☐ Associate ☐ Bachelor's ☐ Master's ☐ Doctoral ☐ None

Course Dept.	Course Number	Credit Course Title	CRN	Number of Credits	Course Charge	Other Fees

ADVISOR'S SIGNATURE

FOR BUSINESS OFFICE ONLY

C/R# _____

Authorization # _____

X _____
Student's Signature

Payment Form: ☐ Cash ☐ Check ☐ Credit Card

_____
Cardholder's Signature

_____
Cardholder's Billing Address, if different from above

Specify ☐ VISA ☐ MASTERCARD ☐ DISCOVER ACCOUNT NUMBER

Expiration Date