

**Return form to Advisor at Center**

Student Name: \_\_\_\_\_ Student ID Number: \_\_\_\_\_ Date: \_\_\_\_\_

Phone #: \_\_\_\_\_

Graduate Term: \_\_\_\_ T1 \_\_\_\_ T2 \_\_\_\_ T3 \_\_\_\_ T4 Registration Year: \_\_\_\_\_

• Program (Professional Year/Class of)

\_\_\_\_\_

Make sure you indicate the correct course number and section of the course(s) for which you wish to be registered - registration will be based on the course number and section you indicate.

COURSE CODE	SECT NUM	COURSE TITLE	DAYS	REPEAT (Mark if Applicable)

**NOTE: It is the student's responsibility to consult the current University Catalog for full policies regarding course registration.**

My signature below indicates that I have read, understand, and accept the Student Financial Responsibility information provided to me at [franklinpierce.edu/financialresponsibility](http://franklinpierce.edu/financialresponsibility).

\_\_\_\_\_  
Student Signature Date

**Pay Method:**  Self  FA  VA  VOC  
 3rd Party Bill  Tuition Benefit

Please check if this is your first registration at Franklin Pierce University.  Other/Specify \_\_\_\_\_

<b>For office use only</b>			
Student status: C R N	Prerequisite checked by: _____	Financially cleared: _____	
Deferment rec'd. _____	Voucher rec'd. _____		
Entered on computer (initials/date): _____	eCollege: _____		Rev. 10/2021