

NEW STUDENT REGISTRATION FORM Online and Graduate Students

Return form to Enrollment Management via email at cgps@franklinpierce.edu or fax (603) 621-9255.

Student Name: _____ **Student ID Number:** _____ **Date:** _____

Undergraduate Term: ____ T1 ____ T2 ____ T3 ____ T4 ____ S1 ____ S2 **Academic Year:** _____

Graduate Term: ____ T1 ____ T2 ____ T3 ____ T4 **Academic Year:** _____

When this form is processed, I will be registered for _____ credits for the term. My intention is to be:

Part Time (one course – 1-5 credits) ____ Full Time (two courses – 6-8 credits) ____ Overloaded (three courses – 9+ credits) ____

- Undergraduates registering for 3 courses must have a CGPA of at least 3.25. Graduate students need approval of the Academic Director. Students are encouraged to check with Student Financial Services prior to registration for the overload.

I am currently an NCAA athlete: ____ No ____ Yes **(Note: any drops may affect full-time status for NCAA eligibility)**

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.

LIST BELOW ALL COURSES YOU WISH TO TAKE

COURSE CODE	SECT NUM	COURSE TITLE	DAYS	CREDITS	REPEAT (Mark if Applicable)	AUDIT (Mark if Applicable)	WAITLIST	CAPACITY OVERLOAD	PREREQ WAIVER

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

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

Student Signature _____ Date _____

Pay Method: Self FA VA VOC
 3rd Party Bill Tuition Benefit
 Other/Specify _____

For office use only:

Initials: _____ Date: _____