



**Office of the Registrar**  
 McAuley Hall 205  
 100 Ochre Point Avenue  
 Newport, Rhode Island 02840-4192  
 TELEPHONE 401.341.2942 • FAX: 401.341.2996

**STAFF USE ONLY:**  
 Data Entry Initials: \_\_\_\_\_  
 Date Accepted: \_\_\_\_\_

**GRADUATE REGISTRATION FORM 2008-09 – FAX to 401-341-2996**

**GRADUATE-LEVEL REGISTRATION ONLY. COMPLETE ALL INFORMATION. PRINT CLEARLY.**

**Academic Year:** \_\_\_\_\_ **Semester:**  Fall  Spring  Summer I  Summer II  
**Student Name:** Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_  
**Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_ (Month/Day/Year) **Social Security Number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
**Matriculation Status:**  Non-matriculated  Matriculated **Program (Major):** \_\_\_\_\_  
**E-Mail Address:** \_\_\_\_\_

**Local Address:** Number & Street: \_\_\_\_\_ Apartment: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Telephone (Work): ( \_\_\_\_\_ ) \_\_\_\_\_ Telephone (Local): ( \_\_\_\_\_ ) \_\_\_\_\_

**Permanent Address (if different from above):**  
 Number & Street: \_\_\_\_\_ Apartment: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Country: \_\_\_\_\_ Permanent Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_

**Billing Address (if different from above):**  
 Number & Street: \_\_\_\_\_ Apartment: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Country: \_\_\_\_\_ Billing Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_

**COURSE SELECTION DATA**

Course Code	Section	Campus Code	Subject	Credits	Audit ?

*In calculating total credits, exclude audits . . .* **Total Credits:**

**CHECK IF APPLICABLE:**

- Receive Veterans' Benefits
- Receive Financial Aid
- War College Student/Graduate

**NOTICE: I accept responsibility for the accuracy of all information on this form. I agree to notify the Registrar's Office promptly in writing of any withdrawal or other change that affects my enrollment status in any class this academic term. I understand that delinquent student account balances are subject to collection, and I am liable for any costs incurred in the process of such collection.**

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

**CALCULATE YOUR TUITION & FEES**

- A. Tuition (600-level PHD/CAGS = number of credits x \$600)  
 (600-level HLC/CAGS = number of credits x \$380)  
 (500-level = number of credits x \$380) \$ \_\_\_\_\_
  - B. Audit charges (number of courses x \$380) \$ \_\_\_\_\_
  - C. Registration fee (\$40 each academic term) \$ \_\_\_\_\_
  - D. Course/Lab Fees (see Class Schedule Book) \$ \_\_\_\_\_
  - E. Other Fees: \$ \_\_\_\_\_
- TOTAL TUITION & FEES (Sum of lines A - E) \$ \_\_\_\_\_**

Payment of registration fee (line C) is due with Registration Form. See reverse side of this form for methods of payment. Send Registration Form along with payment and any associated forms to the Office of the Registrar at the above address. Send by mail or fax, or deliver in person. Delinquent balances are subject to collection, and students are liable for any costs incurred in the process of such collection.

