



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 2009-10 – 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 \$625)
 (600-level HLC/CAGS = number of credits x \$395)
 (500-level = number of credits x \$395) \$ _____

B. Audit charges (number of credits x \$200) \$ _____

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.

