Mountain State University™

Graduate Registration Form
Fall 2009-10 Semester

Last Name_____ First Name_____ Middle Initial_____

Social Security Number_____-_____-_____ Student ID# -_____

Address_____ Telephone Number_____

City_____ State_____ Zip Code_____

Major_____ Concentration _____

Ethnic Group (circle one): 1 Nonresident Alien 2 Black, Non-Hispanic 3 American Indian or Alaskan Native
4 Asian or Pacific Islander 5 Hispanic 6 White, Non-Hispanic 7 Unknown
Country of Citizenship: _____ Date of Birth: _____ Gender (circle one): Female Male
Data will be used for statistical purposes only

Dept. Prefix	Course Number	Section Number	Course Name	Credit Hours	Credit Or Audit

A monthly tuition payment plan is available. Payments may be made in equal installments each month. There will be a 1% finance charge applied to the unpaid balance calculated on the 15th of each month.

METHOD OF PAYMENT FOR CHARGES (Check One)

- _____ Credit Card Payment

  Please bill my credit card for (check one): _____ First Monthly Payment or _____ Full Amount

  _____ _____ _____
  Credit Card Number and Name Expiration Date $ Amount

  Please contact Student Accounts to make future monthly credit card payments

- _____ Check, money order, or cashiers check for (check one):

  _____ First Monthly Payment or _____ Full Amount
  (Make check payable to Mountain State University)
  Checks for subsequent payments should be mailed in time to meet monthly payment deadlines.

- _____ Other (check one): _____ Student Loan _____ Third Party Billing _____ Military Tuition Assistance

_____ _____ _____ _____
Student's Signature **Date** **Advisor's Signature** **Date**