

Graduate School Course Registration Form

Date: _____

Term: (circle one): Fall ~ Winter Intersession ~ Spring ~ Summer I ~ Summer II

Name: _____ Banner ID: _____

Last
First
Middle Initial

Birth Date: _____ Email Address: _____

Month
Day
Year
Required for all distance learning courses and ANGEL access

Gender: Male Female Social Security Number: _____ Decline to provide
(FOR TAX PURPOSES ONLY)

Address: _____

Street
City
State
Zip Code

Telephone Numbers: _____

Home
Cell

(NOTE: it is important to provide your cell number in order to receive emergency notifications from PC)

Employer Name: _____ Do you receive company reimbursement? No Yes _____%

Employer Address: _____

Street
City
State
Zip Code

Are you Hispanic/Latino? Yes No
Race & Origin: (optional) American Indian or Alaska Native Asian Black or African American
 Native Hawaiian or Other Pacific Islander White

Citizenship: U.S. Citizen International/Non-Immigrant Permanent Resident Dual –US and Other

Have you ever taken courses at Providence College? No Yes When? _____
 Do you plan on receiving educational benefits from the Veteran’s Administration? No Yes

COURSES

Semester	DEPT	Course Number	CRN	Course Charge	Number of Credits	Approval (Deans use Only)
<i>Example: Fall</i>	EDU	501	2399		3	

Special Payment Status: Faculty/Staff Religious/Clergy Financial Aid Third Party Billing

Payment or proof of payment is due at the time of registration.

Make checks payable to “Providence College.”

Return both this registration form and the completed payment form found on the following page via fax to 401.865.1899 or via mail to Providence College, Office of Enrollment Services, Harkins Hall Room 310, One Cunningham Square, Providence, RI 02918



Payment Form

Please Note that All Fields are Required

Student Name	
Student Banner ID	
Payment Method	<input type="checkbox"/> Check <input type="checkbox"/> Cash <input type="checkbox"/> Credit Card (Visa or Mastercard only)
	Checks to be made payable to Providence College
Amount to be Charged	
Credit Card Type	
Credit Card Number	
Expiration Month	
Expiration Year	
Cardholder Name	
Billing Address	
City	
State/Province/Region	
Zip/Postal Code	
Card ID Code from the back of your credit card	
Email Address	

Student Signature:

Date:

