



Graduate School Course Registration

Date: \_\_\_\_\_

Term: (check 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 #: \_\_\_\_\_ 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 [ ] Black or African American
[ ] Native Hawaiian or Other Pacific Islander [ ] White [ ] Asian

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

Table with 7 columns: Semester, DEPT, Course Number, CRN, Course Charge, Number of Credits, Approval (Deans use Only). Includes an example row for Fall semester, EDU department, course 501, CRN 2399, 3 credits.

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

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

Payment information on next page.

Checks to be made payable to Providence College.



**Payment Form**  
*All Fields Are Required*

Student Name	
Student Banner ID	
Payment Method	<input type="checkbox"/> Check <input type="checkbox"/> Cash <input type="checkbox"/> Credit Card* <b>*VISA or mastercard only</b>
	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	
CVV (3 Digit Code)	
Email Address	

**Student Signature:**

**Date:**