

First Time Graduate Student School Course Registration

COLLEGE		<u> </u>	Date:			
Term: (check one): Fall Win	ter Intersession	Spring	Summer I	Summer II		
Last Name:		First Name:		Middle Initial:		
Banner ID #:Birth Date:		-		Decline to Provide: □		
Gender: □ Male □ Female S			(FOR TA			
Address:						
Phone Number: Home Phone Number:						
(Please Note: it is important to p	rovide your cell numbe	er in order to rec	eive emergency n	otifications from PC)		
Employer Name:		Reimbu	ırsement? □ No □	Yes%		
Employer Address:						
Are you Hispanic/	o ndian or Alaska Native rican American	□ Native Hawa Pacific Island □ White	iian or Other Ier	Dual –US and Other		
Have you ever taken courses at Provid		_				
Do you plan on receiving educational	benefits from the Vete	ran's Administra	ation? 🗆 No 🗆 Yo	es		
What program, if any, are you plannin	g to pursue?					

COURSES

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

Special Payment Status: Faculty/Staff Religion

Religious/Clergy

Financial Aid

Third Party

- This form is for non-matriculating, first-time registration only.
- Any other student, please register and pay for your courses via CyberFriar.
- After processing the completed form, the Office of the Registrar will send an encrypted email to the student, containing their CyberFriar username (Banner ID) and their temporary pin (password).
 - Then, the student will sign into CyberFriar and register themselves for courses.
 - CyberFriar and CyberFriar Tutorials