Registration Form – University of New Hampshire at Manchester

COMPLETE ALL ITEMS

Student ID Number or Social Security Number *

- *SSN required of all new students for government reporting purposes. Returning students enter student ID #.*

Full Last Name | Full First Name | M. Initial

Today's Date

Other names used previously within the University System: _____

Male ☐ Female ☐

NH Res. ☐ Non Res. ☐

FOR OFFICE USE
Level Campus College

VETERAN STATUS
☐ Vet using benefits
☐ Dependent using benefits
☐ Vet using Voc. Rehab

Birthdate ** Month Day Year

** *Birthdate is requested for identification purposes only.*

ETHNIC BACKGROUND (*Optional*)
For federal government stats only

1. Hispanic or Latino? ❑ yes ❑ no
2. Am. Indian-Alaska Native ❑
   Asian ❑
   Black or African American ❑
   Native Hawaiian or other Pacific Islander ❑
   White ❑
   Other ❑

Local Mailing Address
Street/RFD/Box

City/Town | State | Zip

Home Phone | Cell Phone | Business or other daytime phone | Ext.

E-mail address

Are you currently admitted to a degree program at Manchester or Durham? ❑ No ❑ Yes _____ (Campus) _____ (Degree Sought)

Have you previously taken a course at Manchester or Durham? ❑ No ❑ Yes _____ (Approximate Date and Campus)

What degree do you hold? ❑ Associate ❑ Bachelor's ❑ Master's ❑ Doctoral ❑ None

Course Dept.	Course No.	Credit Course Title	Course Ref. No. (CRN)	No. of Credits

Advisor's Signature

RAC#

For Office Use

Total due:

Processed by:

Date:

Comments:

X Student's Signature _____

Payments for tuition and fees are collected in the Student Accounts Office.

University of New Hampshire at Manchester

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