



# GRADUATE REGISTRATION FORM

**COPY THIS FORM AS NEEDED**

Submit this completed form with payment to:

**Office of the Registrar**  
 Thomas Edison State College  
 Course Registration  
 101 W. State St.  
 Trenton, NJ 08608-1176  
 Phone: (609) 633-9242  
 FAX: (609) 292-1657

Please check the semester you want:

- July 2010
- October 2010
- January 2011
- April 2011

**You may call in your registration at (609) 633-9242 or register online at [www.tesc.edu](http://www.tesc.edu)**

Telephone registrations are accepted with a credit card from 11 a.m. - 3 p.m., EST/EDT, during scheduled registration sessions.

You may register online, or fax or mail your registration 24 hours a day during scheduled registration sessions. Include your credit card number or other payment information.

## GENERAL INFORMATION

Check if this is an address change.

College ID Number \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_  
 ( ) ( )

Daytime Telephone Number \_\_\_\_\_ Fax (if available) \_\_\_\_\_

E-mail Address (required) \_\_\_\_\_

Please indicate the degree program in which you are enrolled: \_\_\_\_\_

## COURSE REGISTRATION

**For complete tuition and fees information, please see the enclosed Tuition and Fees Schedule. You may also refer to College Web site at [www.tesc.edu](http://www.tesc.edu), click on Current Students, then click on Tuition and Financial Aid.**

Registrations received without complete information or total payment will not be processed and will be returned. Students are responsible for payment for course materials and shipping and handling. Students may not register for more than 6 credits without approval from the dean of their program.

Complete Course Code	Course Title	Tuition

Late fee (if applicable) \$ \_\_\_\_\_  
 Total Tuition \$ \_\_\_\_\_

Student Name \_\_\_\_\_

College Identification Number \_\_\_\_\_

**PAYMENT INFORMATION**

Check/Money Order     Credit Card     Thomas Edison State College Financial Aid     Military/Corporation/Agency Assistance Plan\*\*

Make check/money order payable to: **Thomas Edison State College**

Cash payments must be made in person, and are accepted only at: **Office of the Bursar**, 221 W. Hanover St., Trenton, NJ 08608-1176, *after* the registrar has processed the registration at the Academic Center.

TUITION AID or CORPORATE/AGENCY NAME: \_\_\_\_\_

If your employer is providing tuition assistance, provide your employer's address and the contact person:

\_\_\_\_\_  
Contact Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
ZIP Code

\_\_\_\_\_  
Employer's Telephone Number

\_\_\_\_\_  
Fax Number (if available)

\_\_\_\_\_  
E-mail Address (if available)

**\*\* TUITION ASSISTANCE AUTHORIZATION/DOCUMENTATION MUST ACCOMPANY THIS REGISTRATION FORM OR REGISTRATION WILL NOT BE PROCESSED AND WILL BE RETURNED.**

**STUDENT SIGNATURE**

*I hereby certify that the above statements are true and correct to the best of my knowledge and that I meet the prerequisites as listed for each course for which I have registered. I have read the current Registration Bulletin and agree to abide by it. I authorize the release of grade information on the above course(s) to my employer, if my employer is paying for my course(s). By signing this form, I verify that I understand and agree to abide by the complete policy on academic integrity and procedures for discipline of academic integrity violations as stated in the College Catalog.*

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

*Thomas Edison State College is committed to providing reasonable accommodation for verified disability. If you would like information on reasonable accommodation for disability, please contact the ADA coordinator at (609) 984-1141, ext. 3415 (voice), (609) 341-3109 (TTY).*

**CREDIT CARD AUTHORIZATION**

CREDIT CARD:     AMERICAN EXPRESS     VISA     MASTERCARD     DISCOVER

ACCOUNT NUMBER: \_\_\_\_\_ Total Payment Amount From Other Side: \_\_\_\_\_

CARD EXPIRATION DATE: \_\_\_\_\_ Authorization Signature/Date (**required**): \_\_\_\_\_