



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 2011
- October 2011
- January 2012
- April 2012

You may call in your registration at (609) 633-9242 or register online at 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 refer to the College website at 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 College Catalog 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**): _____