



GRADUATE REGISTRATION FORM

Submit this completed form with payment to:

Office of the Registrar
 Course Registration
 Thomas Edison State University
 167 W. Hanover St.
 Trenton, NJ 08618
 Phone: (609) 633-9242
 FAX: (609) 292-1657

Please enter the semester you want:

	20	
Month		Year

You may register online at www.tesu.edu

GENERAL INFORMATION

Check if this is an address change.

University ID Number

Last Name	First Name	MI	
_____	_____	_____	_____
Street Address	City	State	ZIP Code
()	()		
Daytime Telephone Number	Fax (if available)		
_____	_____		
Email Address (required)			

Please indicate the degree program in which you are enrolled: _____

COURSE REGISTRATION

For complete tuition and fees information, please refer to the University website at www.tesu.edu/tuition/. 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.

Complete Course Code	Course Title	Tuition

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

Student Name _____

University Identification Number _____

PAYMENT INFORMATION

Check/Money Order Thomas Edison State University Financial Aid Military/Corporation/Agency Assistance Plan**

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

Your enrollment will be activated once your tuition is received by the University. **Please only use this form to pay by check or money order** via the U.S. mail; or, in-person with cash, check or a money order. Please make checks payable to Thomas Edison State University. Cash payments are accepted at the Office of the Bursar, Hanover Hall, 167 W. Hanover Street, Trenton, N.J., once the Office of the Registrar has processed your registration. Students are asked to use Online Student Services (OSS) when paying by credit card, debit card or electronic checking, as these methods of payment are no longer accepted by mail, phone, fax or in-person.

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)

Email 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 University 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 University Catalog.

Student Signature _____ Date _____

Thomas Edison State University 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).