

## **GRADUATE REGISTRATION FORM**

Submit this completed form with payment to:

## Office of the Registrar

**Course Registration** Thomas Edison State University 111 W. State St. Trenton, NJ 08618

	20
Month	Year

Please enter the semester you want:

Phone: (609) 777-5680			
You may register online at www.tesu.ed	и		
GENERAL INFORMATION	Check if this is an address change.		
University ID Number			
Last Name	First Name	MI	
Street Address	City	State ZIF	P Code
( )	( )		
Daytime Telephone Number	Fax (if available)		
Email Address (required)			
Please indicate the degree program in	which you are enrolled:	-	
COLUDER DECICED ATION			

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 INFORMA	TION			
☐ Check/Money Order	☐ Thomas Edison State University Financial A	id $\square$ Military/Corporation/A	gency Assistance Plan**	
Make check/money order	payable to: Thomas Edison State University			
mail; or, in-person with ca Office of Student Accoun	ctivated once your tuition is received by the Universelved by State Street, Trenton, N.J., once the Of OSS) when paying by credit card, debit card or elections.	payable to Thomas Edison Stat fice of the Registrar has process	e University. Cash payments a sed your registration. Studen	are accepted at the ts are asked to use
TUITION AID or CORPORA  If your employer is provid  Contact Name	TE/AGENCY NAME:ing tuition assistance, provide your employer's a	ddress and the contact person:		
Street Address	City		State	ZIP Code
Employer's Telephone Nu	mber Fax Number	(if available)	Email Address (if available)	
** TUITION ASSISTANCE AUTH AND WILL BE RETURNED.	HORIZATION/DOCUMENTATION MUST ACCOMPANY THI	S REGISTRATION FORM OR REGISTR	ATION WILL NOT BE PROCESSED	
STUDENT SIGNATUR	E			
which I have registered. I h course(s) to my employer,	ove statements are true and correct to the best on eave read the current University Catalog and agr if my employer is paying for my course(s). By sign ity and procedures for discipline of academic inte	ee to abide by it. I authorize the ing this form, I verify that I unde	release of grade information or erstand and agree to abide by	on the above
Student Signature			Date	

 $Tho mas\ Edison\ State\ University\ is\ committed\ to\ providing\ reasonable\ accommodation\ for\ verified\ disability.\ If\ you\ would\ like\ information\ on\ reasonable\ accommodation\ for\ verified\ disability.\ If\ you\ would\ like\ information\ on\ reasonable\ accommodation\ for\ verified\ disability.$ 

accommodation for disability, please contact the ADA coordinator at (609) 984-1141, ext. 3415 (voice), (609) 341-3109 (TTY).

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