

# GRADUATE AND CONTINUING EDUCATION

FALL SESSION 2021

COURSE ADJUSTMENT FORM

Fax:508-929-8100

Email: dgce@worchester.edu



**WORCESTER**  
STATE  
**UNIVERSITY**

**Add/drop deadline for Fall is 9/15/21.**  
**Fax to 508-929-8100 or email to dgce@worchester.edu.**

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ STUDENT ID # OR S.S. \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE NUMBER (\_\_\_\_\_) \_\_\_\_\_  CELL  HOME  WORK

PLEASE **ADD** THE COURSE(S) BELOW

Semester*	Course #	Section	Course Title	Day	Time

\* \_\_\_\_\_ Date \_\_\_\_\_

\*My signature above certifies that I have the pre-requisites to be added into the above course(s)

Pre-req taken at: \_\_\_\_\_ (please indicate name of institution)

PLEASE **DROP** THE COURSE(S) BELOW

Semester*	Course #	Section	Course Title	Day	Time

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

**Method of Payment**

Please enter payment information below if your schedule adjustment results in an outstanding balance.

Student's Name \_\_\_\_\_

Check payable to **Worcester State University** for in person or mailed adjustments only). Faxed checks not permitted.

Credit card  MasterCard  Visa  Discover  American Express

Cardholder's Name \_\_\_\_\_ Cardholder's Signature \_\_\_\_\_

Account Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

3 or 4 digit security code \_\_\_\_\_