

**Graduate and Continuing Education  
Summer 2019**

**Course Adjustment Form**

**Fax (508) 929-8100**



**WORCESTER  
STATE  
UNIVERSITY**

**Deadline to submit form to DGCE for Summer 1 and Full Summer is 5/17 at 5pm,  
Summer 2 is 7/12 at 5pm. Please fax to 508-929-8100**

**After the above dates, submit form to Registrar's Office. Please fax to 508-929-8196**

**(Any faxes date stamped after above date/time will not be processed)**

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
19/					
19/					
19/					

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

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

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

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

SEMESTER *	COURSE #	SECTION	COURSE TITLE	DAY	TIME
19/					
19/					

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

\_\_\_\_\_  
Date

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

\*Check Payable to Worcester State University (for in person or mailed adjustments only) \*Faxed checks not permitted †

Visa  MasterCard  Discover  American Express

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

Account Number:            /            /            /            Exp. Date:            /            Sec. Code: