Undergraduate/Graduate Registration Form — Summer Session 2019

Mail/Drop-off: Graduate and Continuing Education
Worcester State University
486 Chandler Street, Worcester, MA 01602

Fax: 508-929-8100
MasterCard/VISA/Discover/American Express
Visit our website at www.worcester.edu

WORCESTER STATE UNIVERSITY

Student Information

Please Print Clearly

WSU Student ID Number OR Social Security Number (optional)

Last Name

First Name Middle Initial

Other Last Name under which records may appear

Mailing Address – Number and Street

City State Zip Code

Best Telephone Number Indicate if: Cell ☐ Home ☐ Work ☐

Birthdate in numbers - month/day/year MALE ☐ FEMALE ☐ **Email address**: _____

How did you first hear about the courses offered?

- ☐ Web
- ☐ Brochure
- ☐ Newspaper
- ☐ Radio
- ☐ Friend
- ☐ Other

Demographics (for reporting purposes only — check all that apply):

Ethnic Background: ☐ Non-Hispanic (NHS) ☐ Hispanic (HIS

Race *(choose as many as apply):*

☐ American/Alaska Native (AN) ☐ Black or African American (BL)
☐ Hawaiian/Pacific Islander (HP) ☐ Cape Verdean (CV)
☐ Asian (AS) ☐ White (WH)

Citizenship: ☐U.S. ☐(PR) Foreign, but Permanent Resident ☐(F) Student Visa ☐Other

Course Selection

If you are registering for 900-level courses, you must have a Bachelor's Degree.

Your initials in this section will attest to verification of your degree.

_____

Course #	Section	Course Title	Credits	Start Day	Time	Cost
EN 101	E1	English Composition SAMPLE	3	M	6:00 pm	$_____
Summer 1 — Two (2) Course Maximum per Summer Session						
Summer 2 — Two (2) Course Maximum per Summer Session						
Full Summer — Two (2) Course Maximum						

☐ I agree to the WSU registration agreement and conditions: **worcester.edu/registration-agreement-conditions**

☐ I certify that I have completed all prerequisites for the above listed courses at:_____

Student's Signature required _____ Date _____

Method of Payment

Please attach check or complete this section for payment authorization.

Student's Name _____

☐ Check for tuition and fees, payable to **Worcester State University** ☐MasterCard ☐Visa ☐Discover ☐American Express

Cardholder's Name _____ Cardholder's Signature _____

Account Number Expiration Date 3 or 4 digit security code