

GRADUATE AND CONTINUING EDUCATION

FALL SESSION 2019

COURSE ADJUSTMENT FORM

Fax:508-929-8100



WORCESTER
STATE
UNIVERSITY

Deadline to submit form to DGCE is September 3rd at 5:00 p.m. Fax to 508-929-8100

After September 3rd, submit to Registrar's Office. Fax to 508-929-8196

(Any faxes date stamped after above date/time will not be processed by this office)

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-req 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 _____

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