

UNDERGRADUATE/GRADUATE REGISTRATION FORM

WINTER SESSION 2022

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

Fax: 508-929-8100
Email: dgce@worchester.edu

Student Information

Please Print Clearly



WORCESTER STATE UNIVERSITY

_____|_____|_____|_____|_____|_____|_____|_____|_____|_____| OR |_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|
 WSU Student ID Number Social Security Number (optional)

_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|
 Last Name

_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|
 First Name Middle Initial

_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|
 Other Last Name under which records may appear

_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|
 Mailing Address – Number and Street

How did you first hear about the courses offered?

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

_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|
 City State Zip Code

_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|
 Best Telephone Number Indicate if: Cell Home Work

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

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)

To add chosen first name, gender identity, and/or personal pronouns, please fill out the "Student Chosen Name, Gender Identity, and Pronoun Usage Request Form" which can be found in the Registrar's Office.

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	Days	Time	Cost
EN 101	E1	English Composition	3	M	6:00 pm	\$_____

I agree to the WSU registration agreement and conditions: worchester.edu/registration-agreement-conditions

I certify that I have completed all prerequisites for the above listed. Courses at: _____

Student's Signature _____ Date _____

Method of Payment

Please attach check or complete this section for payment authorization.

Student's Name _____

Enclosed is a check for tuition & 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