

UNDERGRADUATE/GRADUATE REGISTRATION FORM

SPRING 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

Student Information

Please Print Clearly



WORCESTER STATE UNIVERSITY

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

_____ Last 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

_____ 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

Attention:
SARA GRADY
 Sara.grady@worchester.edu

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	\$ _____
EA912	CFM	INTRO TO EDUC LDRSP	2			515.20
EA913	CFM	ACTION RESEARCH...	2			515.20
EA973	CFM	BUILDING CAPACITY FOR EDUC CHANGE	3			772.80
						\$1,803.20

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: _____

TEC

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