## Undergraduate/Graduate Registration Form

## FALL Session 2023

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

Fax: 508-929-8100

Email: dgce@worcester.edu

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Student Information	WSU Student ID Nu	ımber	OR	Soc	ial Security Nur	mber (optional)				
Please Print Clearly										
STATE CO	Last Name	ļ								
	First Name							Middle Initial		
VORCESTER	Other Last Name u	under which record								
S T A T E	Uther Last Name u		s may appear	ı	1 1 1		1 1		1 1	1
TVLKOITT	Mailing Address –	Number and Street								
To add chosen				1 '				-		
first name, gender identity, and/or	City	1 1	1 1 1			_ `	Code			
personal pronouns,	Best Telephone Number									
please fill out the "Student Chosen										
Name, Gender										
Identity, and Pronoun Usage	Demographics	s (for reporting	purposes only	/ — che	ck all that ap	ply):				
Request Form"	Demographics (for reporting purposes only — check all that apply): <u>Ethnic Background</u> : □ Non-Hispanic (NHS) □ Hispanic (HIS)									
which can be found in the Registrar's	Race (choose as many as apply):									
Office.	☐ American/Alaska Native (AN) ☐ Black or African American (BL) ☐ Hawaiian/Pacific Islander (HP) ☐ Cape Verdean (CV)									
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	Citizenship:	□U.S. □(PF	R) Foreign, bu	ıt Perm	anent Reside	nt □(F) Student	Visa □Ot	ner		
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