

UNDERGRADUATE/GRADUATE REGISTRATION FORM

SPRING SESSION 2024

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

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.

_____ 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

 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)

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.

Semester	Course #	Section	Course Title	Credits	Days	Time	Cost
Fall	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

Payment is due at time of registration. Please complete this section or attach a check.

Student's Name _____

- Check, payable to **Worcester State University** Financial Aid Credit/Debit
- Requires bursar confirmation in writing

Cardholder's Name _____ Cardholder's Signature _____

The credit card processor ACI will be charging a 2.2% non refundable service fee for all credit/debit card transactions. This fee will appear as a separate charge on your card statement.

Credit/Debit Card Number

Expiration Date

3 or 4 digit security code