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@worcester.edu

Student Information

Please Print Clearly

WORCESTER STATE UNIVERSITY

WSU Student ID Number **OR** 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**: _____

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.

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	SAMPLE English Composition	3	M	6:00 pm	$_____

☐ I agree to the WSU registration agreement and conditions: **worcester.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

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.

Cardholder's Name _____ Cardholder's Signature _____

Credit/Debit Card Number | Expiration Date | 3 or 4 digit security code