

# UNDERGRADUATE/GRADUATE REGISTRATION FORM

## SUMMER 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.

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: \_\_\_\_\_

**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)

### 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.

**Citizenship:** ☐ U.S. ☐ (PR) Foreign, but Permanent Resident ☐ (F) Student Visa ☐ Other

Course #	Section	Course Title	Credits	Start Day	Time	Cost
EN 101	E1	English Composition	3	M	6:00 pm	\$ _____
<b>Summer 1 — Two (2) Course Maximum per Summer Session</b>						
<b>Summer 2 — Two (2) Course Maximum per Summer Session</b>						
<b>Full Summer — Two (2) Course Maximum</b>						

☐ I agree to the WSU registration agreement and conditions: [worchester.edu/registration-agreement-conditions](http://worchester.edu/registration-agreement-conditions)

☐ I certify that I have completed all prerequisites for the above listed courses at: \_\_\_\_\_

Student's Signature required \_\_\_\_\_ 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 \_\_\_\_\_

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

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.