

# UNDERGRADUATE/GRADUATE REGISTRATION FORM

# FALL 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**

\_\_\_\_\_ OR \_\_\_\_\_  
 WSU Student ID Number Social Security Number (optional)

\_\_\_\_\_   
 Last Name

\_\_\_\_\_ Middle Initial \_\_\_\_\_  
 First Name

\_\_\_\_\_   
 Other Last Name under which records may appear

\_\_\_\_\_   
 Mailing Address – Number and Street

\_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 City

\_\_\_\_\_   
 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	English Composition	3	M	6:00 pm	\$ _____

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 \_\_\_\_\_ 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