

GRADUATE AND CONTINUING EDUCATION

ADD/DROP FORM

Fax:508-929-8100

Email: dgce@worchester.edu



WORCESTER
STATE
UNIVERSITY

Fax to 508-929-8100 or email to dgce@worchester.edu.

LAST NAME _____ FIRST NAME _____

DATE OF BIRTH _____ STUDENT ID # OR S.S. _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE NUMBER (_____) _____ CELL HOME WORK

PLEASE **ADD** THE COURSE(S) BELOW

Semester	Year	Course #	Section	Course Title	Day	Time

Student Signature* _____ Date _____

*My signature above certifies that I have the pre-requisites to be added into the above course(s)

Pre-req taken at: _____ (please indicate name of institution)

PLEASE **DROP** THE COURSE(S) BELOW

Semester	Year	Course #	Section	Course Title	Day	Time

Student 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 MasterCard** Visa** Discover** American Express**
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.**