Graduate and Continuing Education Registration Form

SEMESTER | YEAR

Mail/Drop-off: Graduate and Continuing Education
Worcester State University
486 Chandler Street, Worcester, MA 01602

Fax: 508-929-8100
Email: dgce@worcester.edu

WORCESTER STATE UNIVERSITY

Student Information

Please Print Clearly

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 2.42% 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