Graduate and Continuing Education

Add/Drop Form

Fax:508-929-8100

Email: dgce@worcester.edu

WORCESTER STATE UNIVERSITY

Fax to 508-929-8100 or email to dgce@worcester.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	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	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 (Requires bursar confirmation in writing) ☐ MasterCard** ☐ Visa** ☐ Discover** ☐ American Express**

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 2.42% non refundable service fee for all credit/debit card transactions. This fee will appear as a separate charge on your card statement.