

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@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)

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

☐ 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 _____

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.