

OLDER STUDENT REGISTRATION

Student Information	WSC Student ID Number OR Social Security Number (optional)					
Please Print Clearly	Last Name					
	First Name Initial					
	Other Last Name under which records may appear					
	Mailing Address – Number and Street					
	City State Zip Code					
	Indicate if: Cell Home Work					
	Birthdate in numbers - month/day/year MALE FEMALE Email address:					
	Demographics (for reporting purposes only – check all that apply):					
If you are registering for 900-level courses,	Ethnic Background: Image: Non-Hispanic (NHS) Image: Hispanic (HIS) Race (choose as many as apply):					
you must have a Bachelor's	□ American/Alaska Native (AN) □ Hawaiian/Pacific Islander (HP)					
Degree. Your initials in	□ Asian (AS)					
this section	Black or African American (BL)					
will attest to verification of	□ Cape Verdean (CV)					
your degree.	□ White (WH)					
	<u>Citizenship</u>: \Box U.S. \Box (PR) Foreign, but Permanent Resident \Box (F) Student Visa \Box Other					

Course #	Section	Course Title	Credits	Days	Time
EN 101	E1	English Composition	3	М	6:00 pm

WORCESTER THE COMMONWEALTH OF MASSACHUSETTS

CERTIFICATE OF **T**UITION **W**AIVER

STUDENT INFORMATION

A T E ERSITY

Оате: _____

STUDENT ID	#		
Nаме:			
STREET:			
CITY/STATE/Z	ZIP CODE		
		CATEGORY	
Veteran	NATIVE AMERICAN	ELDER CITIZEN	Member of the Armed Forces
	Eu		ΓΙΟΝ
student loa have provi	ans or owe a refund fo	r any previously rec the required docum	I am not in default of any federal eived financial aid. Further, that I nentation to substantiate eligibility
STUDENT S	IGNATURE:		
evidence	eligibility for the above ral Laws Chapter 15A,	referenced tuition v	the required documentation to vaiver. Therefore, in accordance on waiver will be granted for the
FALL SEME	STER	SPRING SEMES	STER
OTHER ENF	ROLLMENT PERIOD		
Signature	of Appropriate Univers	SITY OFFICIAL:	