WORCESTER STATE UNIVERSITY

OLDER STUDENT REGISTRATION

Student Information

WSE 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

Best Telephone Number


Indicate If: Cell ☐ Home ☐ Work ☐

Male ☐ Female ☐ Email address:

Birthday in numbers - month/day/year

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)

☐ Hawaiian/Pacific Islander (HP)

☐ Asian (AS)

☐ Black or African American (BL)

☐ Cape Verdean (CV)

☐ White (WH)

Citizenship: ☐ U.S. ☐ (PR) Foreign, but Permanent Resident ☐ (F) Student Visa ☐ Other

Course Selection

<table>
<thead>
<tr>
<th>Course #</th>
<th>Section</th>
<th>Course Title</th>
<th>Credits</th>
<th>Days</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>EN 101</td>
<td>E1</td>
<td>English Composition</td>
<td>3</td>
<td>M</td>
<td>6:00 pm</td>
</tr>
</tbody>
</table>

Student's Signature ___________________________ Date ____________

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.
THE COMMONWEALTH OF MASSACHUSETTS
CERTIFICATE OF TUITION WAIVER

STUDENT INFORMATION

STUDENT ID # ___________________ OR SS# OR STUDENT ID# ___________________

NAME: ________________________________________________________________

STREET: ______________________________________________________________

CITY/STATE/ZIP CODE __________________________________________________

CATEGORY

VETERAN  NATIVE AMERICAN  ELDER CITIZEN  MEMBER OF THE ARMED FORCES

ELIGIBILITY CERTIFICATION

I certify that I am a Massachusetts resident and that I am not in default of any federal
student loans or owe a refund for any previously received financial aid. Further, that I
have provided the University with the required documentation to substantiate eligibility
for the above referenced categorical tuition waiver.

STUDENT SIGNATURE: ________________________________

I certify that the above named student has provided the required documentation to
evidence eligibility for the above referenced tuition waiver. Therefore, in accordance
with General Laws Chapter 15A, Section 19, a tuition waiver will be granted for the
following Period:

FALL SEMESTER ___________________ SPRING SEMESTER ___________________

OTHER ENROLLMENT PERIOD ___________________

SIGNATURE OF APPROPRIATE UNIVERSITY OFFICIAL: ________________________

DATE: ____________________