Undergraduate/Graduate Registration Form — Summer Session 2022

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

Fax: 508-929-8100
Email: dgce@worcester.edu
Visit our website at www.worcester.edu

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**: _____

How did you first hear about the courses offered?

- ☐ Web
- ☐ Brochure
- ☐ Newspaper
- ☐ Radio
- ☐ Friend
- ☐ Other

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)

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.

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.

_____

Course #	Section	Course Title	Credits	Start Day	Time	Cost
EN 101	E1	English Composition SAMPLE	3	M	6:00 pm	$_____
Summer 1 — Two (2) Course Maximum per Summer Session						
Summer 2 — Two (2) Course Maximum per Summer Session						
Full Summer — Two (2) Course Maximum						

☐ 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 required _____ Date _____

Method of Payment

Please attach check or complete this section for payment authorization.

Student's Name _____

☐ Check for tuition and fees, payable to **Worcester State University** ☐MasterCard ☐Visa ☐Discover ☐American Express

Cardholder's Name _____ Cardholder's Signature _____

Account Number | Expiration Date | 3 or 4 digit security code