

UNDERGRADUATE/GRADUATE REGISTRATION FORM

FALL SESSION 2011

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

**Fax: 508-929-8100
MasterCard/VISA/Discover/American Express
Visit our website at www.worcester.edu**

Student Information

Please Print Clearly



_____ OR _____
WSC Student ID Number Social Security Number (optional)

Last Name

_____ Initial _____
First Name

Other Last Name under which records may appear

How did you first hear about the courses offered?

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

Mailing Address - Number and Street

_____ State _____ Zip Code _____
City

_____ Indicate if: Cell Home Work
Best Telephone Number

_____ MALE FEMALE Email address: _____
Birthdate 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

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	Days	Time	Cost
EN 101	E1	English Composition	3	M	6:00 pm	\$_____

I certify that I have completed all prerequisites for the above listed courses.

Student's Signature _____ Date _____

Method of Payment

Please attach check or complete this section for payment authorization.

Student's Name _____

Enclosed is a check for tuition & 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