

**WORCESTER STATE COLLEGE
GRADUATE AND CONTINUING EDUCATION
COURSE ADJUSTMENT FORM**

For DGCE Use Only

SUMMER 2010
Fax (508) 929-8100

LAST NAME _____ FIRST NAME _____ MI _____
 DATE OF BIRTH _____ S.S. OR STUDENT ID # _____
 MAILING ADDRESS _____
 CITY _____ STATE _____ ZIP _____
 PHONE NUMBER () _____

PLEASE **ADD** THE COURSE(S) BELOW

COURSE #	SECTION	COURSE TITLE	DAY	TIME

Instructor Signature (If required)

Date

PLEASE **DROP** THE COURSE(S) BELOW

COURSE #	SECTION	COURSE TITLE	DAY	TIME

Student Signature

Date

Please enter payment information below if your schedule adjustment results in an outstanding balance.

Check payable to Worcester State College Visa Mastercard Discover * American Express

Cardholder's Name _____ Cardholder's Signature _____

Account Number: / / / Exp. Date: /