

UNDERGRADUATE/GRADUATE REGISTRATION FORM

Summer Session 2010

Graduate and Continuing Education
 Worcester State College
 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



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

Last Name _____

First Name _____ Initial _____

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 _____

City _____ State _____ Zip Code _____

Best Telephone Number _____ Indicate if: Cell Home Work

Birthdate in numbers - month/day/year _____ MALE FEMALE Email address: _____

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	Start Day	Time	Cost
EN 101	E1	English Composition	3	M	6:00 pm	\$ _____
Summer 1						
Summer 2						

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 charge authorization during Mail In/Fax Registration

Student's Name _____

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

Cardholder's Name _____ Cardholder's Signature _____

Account Number _____

Expiration Date _____

3 or 4 digit security code _____