

# UNDERGRADUATE/GRADUATE REGISTRATION FORM

# Summer Session 2017

Include payment for effective instruction at Worcester State University or other credit card information on form below and mail to Erin Earnst, EDC, 43 Foundry Avenue, Waltham, MA 02453-8313. DEADLINE Registration must be postmarked by June 1, 2017. Visit our web page at www.worcester.edu

Student Information: \_\_\_\_\_ OR \_\_\_\_\_  
 Please Print Clearly WSU Student ID Number 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)  
 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

*Educ Devel Center*

**Course Selection**  
 If you are registering for college courses you must have a Bachelor's Degree.  
 Your initials in this section will attest to verification of your degree.

Course #	Section	College Title	Days	Time	Cost
EN 101	E1	English Composition	3	M	6:00 pm \$ _____
<b>Summer 1 — Two (2) Course Maximum per Summer Session</b>					
CI 971	CTP	Online/Blended Inst Strats for Teaching Art	1		125-
Inst: Kristen Peterson					
<b>Summer 2— Two (2) Course Maximum per Summer Session</b>					

I certify that I have completed all prerequisites for the above listed course(s) at: \_\_\_\_\_ college/university. \*required  
 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 \_\_\_\_\_