

Summer I 2010 REGISTRATION FORM

Westfield State College
 Graduate and Continuing Education
 333 Western Avenue
 Westfield MA 01086

Phone (413) 572-8020

DATE: _____

\$25 Early Sign-Up Discount until May 7

Check here if your information has changed since last attendance.

Student Id #

or Social Security #

Name Last _____ First _____ Middle _____

Address Street _____ Unit# _____

City _____ State _____ Zip _____

Email Address _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Date of Birth: _____

Prior education completed:

- High School Graduate
- Associate's Degree
- Bachelor's Degree
- Master's Degree
- CAGS

Have you been officially accepted into a program at WSC?

- No, Non-Matriculated
- Yes, check one below
 - Undergraduate
 - Post-Baccalaureate
 - Graduate
 - CAGS

Ethnicity

Not Hispanic or Latino

Hispanic or Latino

Race: Please \checkmark all that apply.

American Indian or Alaskan Native

Asian

Black or African American

Cape Verdean

Native Hawaiian or other Pacific Islander

White

CRN # (12345)	COURSE # EDUC 0123	SEC. # 501	UG # of cred	GR # of cred	AU # of cred	COURSE TITLE	DAYS	TIMES

SIGNATURE _____

I agree to abide by the College regulations including those governing payment of tuition and withdrawal from class.

PAYMENT INFORMATION

I receive a tuition waiver (**form must be attached; no retroactive credit allowed**) Type of waiver: _____ (i.e., voucher, state employee, senior)

I use the following payment method (**authorization form must be attached**): Financial Aid _____ Delayed Payment Program _____ Third Party Payment _____

Approved for Mass Veterans tuition waiver program _____ Approved and wish to file for Federal Veterans Benefits _____ Chapter # _____

UNDER 15 CREDITS	15 CREDITS AND OVER
TOTAL CREDITS x TUITION = TOTAL TUITION	
Total UG Credits ____ x \$85 per credit tuition= \$ _____ (out-of-state \$95)	Tuition \$ <u>485.00</u>
Total G Credits ____ x \$105 per credit tuition= \$ _____ (out-of-state \$115)	Fees \$ <u>3023.00</u>
Total Credits ____ x \$115 per credit instructional fee = \$ _____	Total \$ <u>3508.00</u>
Registration Fee (non-refundable) \$ <u>75.00</u> (each session)	
Educational Service Fee \$ <u>75.00</u> (each session)	
Other Fees* or Discount \$ _____	
Total \$ _____	
	Over-Credit Fee (for over 18 credits) \$70 x ____ credits = \$ _____
	Total \$ _____

*Any new fees implemented for the Summer Sessions will be posted on the DGCE website before registration begins.

METHOD OF PAYMENT (**CASH IS NOT ACCEPTED**)

Amex _____ (Amex – 4 digits on front) _____

Check # _____ MasterCard _____ Visa _____ Discover _____ Billing Zip Code _____

Card Number _____ Expiration Date: _____ CVV (last 3 digits on back of card) _____

Name on Card/Signature _____ Date _____