



**Graduate and Continuing Education**

333 Western Avenue, Westfield, MA 01086

Phone: (413) 572-8020 – Fax: (413) 572-5227 – Email: [wsucgce@westfield.ma.edu](mailto:wsucgce@westfield.ma.edu)

# SPRING 2020 CROSS-REGISTRATION FORM

## STUDENT INFORMATION

Name: \_\_\_\_\_  
*First Middle Last Former/Maiden*

WSU Student ID# or SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: M / F

Address: \_\_\_\_\_  
*Street City State Zip*

Home/Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

- |   |   |                              |   |  |
|---|---|------------------------------|---|--|
| <b>Prior education completed:</b>         | <b>Have you been officially accepted into a program at WSU?</b> | <b>Veteran:</b>              | <b>Ethnicity (Optional)</b>                     | <b>Race (Optional) Please check all that apply</b>                 |
| <input type="checkbox"/> High School      | <input type="checkbox"/> No, Non-Matriculated                   | <input type="checkbox"/> Yes | <input type="checkbox"/> Not Hispanic or Latino | <input type="checkbox"/> American Indian or Alaskan Native         |
| <input type="checkbox"/> Associate Degree | <input type="checkbox"/> Yes, check one below                   | <input type="checkbox"/> No  | <input type="checkbox"/> Hispanic or Latino     | <input type="checkbox"/> Asian                                     |
| <input type="checkbox"/> Bachelor Degree  | <input type="checkbox"/> Undergraduate                          |                              |   | <input type="checkbox"/> Black or African American                 |
| <input type="checkbox"/> Master Degree    | <input type="checkbox"/> Post-Baccalaureate                     |                              |   | <input type="checkbox"/> Cape Verdean                              |
| <input type="checkbox"/> CAGS             | <input type="checkbox"/> Graduate                               |                              |   | <input type="checkbox"/> Native Hawaiian or other Pacific Islander |
|   |   |                              |   | <input type="checkbox"/> White                                     |

Has your information changed since last attendance? Yes / No

## COURSE SELECTION

**Prerequisites:** Students are responsible for presenting proof of having met the prerequisite requirements at time of registration.

CRN (12345)	Course # PSYC0101	Section 501	Course Title Introduction to Psychology	Day MW	Time 6-8:30p	Credits 3

## COST & PAYMENT INFORMATION

**CGCE does not mail bills.** Payment is due at time of registration (cash is not accepted). Only checks drawn on U.S. banks accepted.

Total UG Credits \_\_\_\_\_ x \$320/credit or RN-BSN \$365/credit (tuition & fees\*) = \$ \_\_\_\_\_

Total GR Credits \_\_\_\_\_ x \$361/credit or MS Social Work \$464/credit (tuition & fees\*) = \$ \_\_\_\_\_

Insurance (January-July 31, 2020):\$2,016 (Waive or Confirm online at [universityhealthplans.com](http://universityhealthplans.com)) = \$ \_\_\_\_\_

Other Fees or Discounts \$ \_\_\_\_\_

**Total** \$ \_\_\_\_\_

\*Tuition & fees include: \$85/UG credit or \$105/GR credit tuition, \$75 non-refundable registration fee, \$75 Educational Service Fee (non-refundable after the semester has begun), and other instructional fees. Tuition waivers are calculated on \$85/UG credit or \$105/GR credit tuition. Tuition & fees are subject to change without advance notice.

### Please select method of payment from the following:

If paying by credit card, please call the Graduate and Continuing Education Office at 413-572-8020 with information.

- |  |  |
|--|--|
| <input type="checkbox"/> Tuition waiver (form must be attached; no retroactive credit allowed) Type of waiver: _____<br>(i.e. voucher, state employee, senior) | Authorization form must be attached to registration form:                  |
| <input type="checkbox"/> Credit Card *credit and debit cards will be charged a 2.5% service fee  | <input type="checkbox"/> Financial Aid                                     |
| <input type="checkbox"/> Check, e-Check, Money Order   | <input type="checkbox"/> Delayed Payment Plan                              |
|  | <input type="checkbox"/> Third Party Payment                               |
|  | <input type="checkbox"/> Approved for CGCE Veterans tuition waiver program |
|  | <input type="checkbox"/> Approved for Federal Veteran Benefits _____%      |

**SIGNATURE** By signing below, I agree to University policies, including those governing payment of tuition and withdrawal from a course. I accept financial responsibility for all charges and authorize Westfield State University to apply my financial aid (if applicable) to any and all charges on my bill. I understand payment is due at time of registration.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

