Graduate and Continuing Education
333 Western Avenue, Westfield, MA 01086
Phone: (413) 572-8020 – Fax: (413) 572-5227 – Email: wsucgce@westfield.ma.edu

SUMMER SESSION II 2020 REGISTRATION FORM

STUDENT INFORMATION

Name: _____
First *Middle* *Last* *Former/Maiden*

WSU Student ID#: A_____ Date of Birth: _____/_____/_____ Gender: ■ M ☐ F

Address: _____
Street *City* *State* *Zip*

Home/Cell Phone: _____ Email: _____

Prior education completed:
- ■ High School
- ☐ Associate Degree
- ☐ Ba chelor Degree
- ☐ Master Degree
- ☐ CAGS

Have you been officially accepted into a program at WSU?
- ◉ No, Non-Matriculated
- ○ Yes, check one below
  - ◉ Undergraduate
  - ○ Post-Baccalaureate
  - ○ Graduate

Veteran:
- ○ Yes
- ◉ No

Ethnicity (Optional)
- ◉ Not Hispanic or Latino
- ○ Hispanic or Latino

Race (Optional) Please check all that apply
- ☐ American Indian or Alaskan Native
- ☐ Asian
- ☐ Black or African American
- ☐ Cape Verdean
- ☐ Native Hawaiian or other Pacific Islander
- ☐ 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	Course #	Section	Course Title	Day	Time	Credits
(12345)	*PSYC0101*	*501*	*Introduction to Psychology*	*MW*	*6-8:30pm*	*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*) = $_____

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.

- ☐ Tuition waiver (form must be attached; no retroactive credit allowed) Type of waiver: _____ (i.e. voucher, state employee, senior)
- ☐ Credit Card *credit and debit cards will be charged a 2.5% service fee
- ■ Check, e-Check, Money Order

Authorization form must be attached to registration form:
- ☐ Financial Aid
- ☐ Delayed Payment Plan
- ■ Third Party Payment
- ☐ Approved for CGCE Veterans tuition waiver program
- ☐ 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: _____

INTERNAL USE ONLY: Date Processed: _____ Initials: _____ Last Revised 02.04.2020_MT