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

FALL 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
- ◯ Bachelor 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*	*6-8:30p*	*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 $330/credit or RN-BSN $370/credit (tuition & fees*) = $_____
Total GR Credits _____ x $372/credit or MS Social Work $475/credit (tuition & fees*) = $_____
Annual Insurance: $3,306 (Waive or Confirm online at 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.

- ◯ 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 06.01.20_MT