

Office of the Registrar- Parenzo Hall, Room 150 577 Western Avenue, Westfield, MA 01086 Phone: (413) 579-3200 Fax: (413) 579-3010

Email: registrar@westfield.ma.edu

SPRING 2024 REGISTRATION FORM

STUDENT INFORMATION

Name							_	
La	st		First		Middle Initial			
WSU Student ID Number A			Date of Birth		GenderMF		ИF _	Other
Address								
Address Street			City		State	State Zip Code		
Home/Cell	Phone		Email Add	ress			<u>-</u>	
No, i Yes. Inac Curr	non-matriculated. If yes, please che tive student but v ently enrolled in a er, please explain:	eck one below vould like to re another univers	a program at WSU? enroll and complete progra	am at WSU				
Prerequisites:	Students are respons		g proof of having met the prereq		me of registration.			- 11
CRN	Course #	Section		ırse Title		Day	Time	Credits
(12345)	PSYC0101	501	Introductio	n to Psychology		MW	6-8:30p	3
Westfield S	·-	does not mail b	vills. Billing statement avai lue two weeks prior to the		•		-	necks drav
*Tuition & fees and other inst	ructional fees. The Ed	edit rate are: \$85/L ucational Service Fe	edit JG credit or \$105/GR credit tuition, e is non-refundable after the seme 5/GR credit tuition. Tuition & fees a	ster begins.			l Service Fee	
SIGNATURE		-	iversity policies, including all charges and authorize \	Westfield State Univ	ersity to apply	my fin	ancial aid	(if
course. Lac applicable)	to any and all ch		I. I agree to pay my bill base dable registration fee even	•	_			ote, you w
course. I ac applicable) be responsi	to any and all ch ble to pay the \$7!	5.00 non-refund	dable registration fee even	if you withdraw prio	or to the start of	f the s	emester.	-
course. I ac applicable) be responsi Signature:	to any and all ch ble to pay the \$7!	5.00 non-refund		if you withdraw prio	or to the start of	f the s	emester.	