



Graduate and Continuing Education

333 Western Avenue, Westfield, MA 01086

Phone: (413) 572-8020 – Fax: (413) 572-5227 – Email: wsugce@westfield.ma.edu

SPRING 2021 CROSS-REGISTRATION FORM

STUDENT INFORMATION

Name: _____
First Middle Last Former Maiden

WSU Student ID#: _____ Date of Birth: ____/____/____ Gender: M / F

Address: _____
Street City State Zip

Home/Cell Phone: _____ Email: _____

Prior education completed:	Have you been officially accepted into a program at WSU?	Veteran:	Ethnicity (Optional)	Race (Optional) Please check all that apply
High School	No, Non-Matriculated	Yes	Not Hispanic or Latino	American Indian or Alaskan Native
Associate Degree	Yes, check one below	No	Hispanic or Latino	Asian
Bachelor Degree	Undergraduate			Black or African American
Master Degree	Post-Baccalaureate			Cape Verdean
CAGS	Graduate			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 (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 \$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 Amount to be determined \$ _____

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

