

Office of the Registrar

Scanlon Hall- 2nd Floor, 577 Western Avenue, Westfield, MA 01086

Phone: (413) 579-3200 – Fax: (413) 579-3010 – Email: <u>registrar@westfield.ma.edu</u>

SUMMER SESSION I 2022 REGISTRATION FORM

STUDENT I	NFORMATION									
Name:	First	Middle	Last		Former/Maiden					
WSU Student ID#:				Date of Birth:	/ /				 F	
Address:			City		State		Zip			
Home/Cell Phone:			•	ail:			,			
		een officially accepted into a	Veteran:	Ethnicity (Optional)		nal) Please	check all tha	ıt appl	ly	
High School program at WS			Yes No	Not Hispanic or La		American Indian or Alaskan Native Asian				
Vac about		n-Matriculated eck one below	NO	Hispanic or Latino)	Black or African American				
Da Cileioi Degree		ergraduate				pe Verdean				
CAGS Post-E		:-Baccalaureate Juate			e Hawaiian or other Pacific Islander					
Has your info	ormation changed sinc	e last attendance? Yes	No		White					
COURSE SE	FIECTION									
		e for presenting proof of hav	ring met the pre	erequisite requirements	at time of registration	n.				
CDN	Caaa #	Castian		Cauras Title		Davi	T:	.	Cua dita	
CRN	Course #	Section		Course Title		Day	Time		Credits	
(12345)	PSYC0101	501	Intr	oduction to Psycholog	y	MW	6-8:30	om	3	
COST 8 DA	│ \YMENT INFORM <i>E</i>	ATION								
		ccepted. Cash is not acce	pted.							
Total UG Cre	dits x \$330/cred	dit or RN-BSN \$370/credit	t (tuition & fe	es*) =	\$					
Total GR Cred	dits x \$372/cred	lit or MS Social Work \$47	5/credit (tuit	ion & fees*)	\$					
Other Fees o	r Discounts				\$					
Total				\$						
	nclude: \$85/UG credit or \$1	L05/GR credit tuition, \$75 non-re	efundable registr	ation fee, \$75 Educational S	Service Fee (non-refunda	able after the	e semester h	nas		
		waivers are calculated on \$85/								
Please select	method of payment	from the following:								
If paying by o	redit card, please call	the Graduate and Contin	uing Educatio	on Office at 413-572-8	029 with information	on.				
	on waiver (form must be a	•		uthorization form must b	pe attached to registr	ation form	:			
	t allowed) Type of waiver oucher, state employee,	<u>_</u>		nancial Aid elayed Payment Plan						
•	t Card *credit and debit	•		hird Party Payment						
	service fee	our us will be charged a		pproved for Veterans tui	tion waiver program					
Check	k, e-Check, Money Order			pproved for Federal Vete		%				
SIGNATUR	FRy signing helow I a	agree to University policie	s including t	hose governing navme	ent of tuition and w	ıithdrawal	from a co	nurse	laccent	
		es and authorize Westfie								
	and payment is due at		.u otato omi		a.a (appa.	J.C, 10 a	,	8	,	
Signature:					Date	<u>:</u>				
<u> </u>										
INTERNAL USE	ONLY: Date Processe	d:	Initials:		Last Revised 02.	18.2022_C\	W			