

# Graduate Continuation Enrollment Registration Form

WCSU 181 White Street, Danbury CT 06810 FAX (203) 837-8326

*This form is only for graduate and doctoral students, and for the purpose of continuing enrollment while not enrolled in any other course.*

Session: Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_ January Intersession \_\_\_\_\_ March Intersession \_\_\_\_\_

Student I.D. # \_\_\_\_\_

Name: Mr/Mrs/Miss/Ms Last \_\_\_\_\_ First \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_

Have you been accepted, admitted, and matriculated into a program? Yes \_\_\_ No\* \_\_\_  
Indicate Program

\*If you indicated "no" to the above question, you may not use this form. Contact the Division of Graduate Studies.

50302 Graduate Continuation Enrollment (NCR 1000 41)	no-credit	\$40.00
	<b>TOTAL DUE</b>	<b>\$40.00</b>

Student's Signature \_\_\_\_\_  
(required to process registration)

## CREDIT CARD AUTHORIZATION

Clip and mail with registration form or bring with you for "in-person" registration. (Print name as it appears on credit card)

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Day phone # \_\_\_\_\_ Evening Phone # \_\_\_\_\_

Hereby authorizes Western Connecticut State University to charge registration expenses for:

Name \_\_\_\_\_ Student I.D. \_\_\_\_\_ to my credit card.

Account # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp. Date \_\_\_/\_\_\_ Discover MasterCard Visa  
(CIRCLE ONE)

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_ Zip Code\* \_\_\_\_\_ of Billing Address

\* Zip Code of billing address is required by credit company for processing. Your Credit Card/Registration will not be processed without it.

**For Office Use Only:** Tuition & Fees \$ \_\_\_\_\_ Credits \_\_\_\_\_ Session \_\_\_\_\_ Other \_\_\_\_\_ 06/11/08