

**WESTERN CONNECTICUT STATE UNIVERSITY
EVENING UNDERGRADUATE REGISTRATION FORM**

SEMESTER: Spring Fall Intersession Year: _____

Student ID#: _____ Enrollment Status (check one): Previously Enrolled New Student

Educational Status (check one): Graduate (Bachelor's Degree or Higher) Undergraduate (less than Bachelor's Degree)

Mr. Mrs. Miss Ms.

NAME: _____
LAST FIRST MI

ADDRESS: _____
NUMBER & STREET APT. #

CITY/TOWN STATE ZIP

PHONE: _____
HOME WORK

Has name or address changed since last registration? Yes No DATE OF BIRTH: _____

VETERAN STATUS Yes No CT RESIDENT Yes No US CITIZEN: Yes No

EDUCATIONAL LEVEL TO DATE: High school diploma or equivalent Certificate program - 1 year A.S. degree Bachelors degree
 Master's degree Advanced awards, ex. 6th year Doctoral degree
 First professional degree, law, medicine, etc.

High School Attended _____ Date of Graduation _____ Date of Attendance _____ State _____

College(s) Attended _____ Dates of Attendance _____ Date of Attendance _____ State _____

_____ Dates of Attendance _____ Date of Graduation _____ State _____

Degree Program (check one): Matriculated Non-Matriculated Graduate Charter Oak Visiting college student

Method of Payment (check one): Check Credit Card Cash (not accepted after 4 p.m.) Promissory Note/Waiver

HOW DID YOU HEAR: (check one): News -Times Mailing Advertisement Friend Internet Other _____

I WOULD LIKE TO REGISTER FOR THE FOLLOWING COURSES

Course Selections: (NOTE: Registration for Composition, Foreign Language, Math, Computer Science, upper level Business courses, and courses with Math prerequisites will not be accepted by mail without proof that any prerequisites have been met.)

CODE NO.	DEPT. & COURSE #	SEC. NO.	COURSE TITLE	CREDIT	
_____	_____	_____	_____	_____	Course Cost: \$ _____
_____	_____	_____	_____	_____	Serv. Fee: \$ 60
_____	_____	_____	_____	_____	Total Due: \$ _____
_____	_____	_____	_____	_____	* Service fee not refundable

Alternate Courses - Some courses fill early, please list alternates:

CODE NO.	DEPT. & COURSE #	SEC. NO.	COURSE TITLE	CREDIT
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Refer to Bulletin for payment schedule. Enclose check made payable to "WCSU" or credit card authorization form and return with entire form to:
 Office of the Registrar, First Floor, Old Main Building, WCSU, 181 White Street, Danbury, CT 06810

NOTICE! New students born after 12/31/56 must have the measles immunization form completed by their physician before they will be allowed to register.

Reporting Requirements: In order to meet state and federal reporting requirements, we are requesting that you VOLUNTARILY supply the following information. This data will not be used for discriminatory purposes and will not be considered in the evaluation of your application.

SEX: Male Female

RACE: American Indian Asian Black Not of Hispanic Origin Hispanic White Other

Non-Resident Alien Type of VISA _____ Country of Origin _____

Credit Card Authorization

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

First Name: _____ Last Name: _____

Day Phone # _____ Evening Phone # _____

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

Full Name: _____

First Middle Initial Last

Student I.D. #: _____ or Social Security #: _____ - _____ - _____

To my credit card (check one): Master Card VISA Discover

Number on Card _____ - _____ - _____ Exp. 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.

Authorized Signature: _____ Date: _____

For Office Use Only: Tuition & Fees: _____ Credits: _____ Session: _____

Other: _____

**IMPORTANT HEALTH NOTICE
Measles/Rubella Legislation**

Connecticut Public Act #90 mandates the immunization of all public college/ university students against measles and rubella (German measles). If you were born after 12/31/56, you must present proof of immunity.

Measles:

The law requires two doses of measles vaccine with these guidelines:

1. Serological evidence of immunity, or
2. Immunization with LIVE measles vaccine administered
 - a) First dose on or after 12 months of age and given in or after 1969
 - b) Second dose given on or after 1/1/80

Mumps:

1. History of having had mumps, or
2. Immunization with live mumps vaccine on or after 12/28/67

Rubella (German Measles):

1. Immunization with rubella vaccine on or after 6/9/67
2. Immune by rubella antibody titre and list titre value and date

HISTORY OF HAVING HAD RUBELLA DISEASE IS NOT ACCEPTABLE DOCUMENTATION OF IMMUNITY.

If you have any questions about the requirement, please call our Health Services Office at (203) 837-8594.

Note: A form is provided here for your physician to complete.

No registration can be accepted until this requirement has been met.

IMMUNIZATION HISTORY

(Must be completed by a physician)

Name: _____

Birth Date: _____

Social Security # _____ - _____ - _____

Matriculated _____ Non-Matriculated _____

Male Female

RECORD OF IMMUNIZATION

		Month	Day	Year
I.	Measles - 1st shot (After age 1 and given in or after 1969)	_____	_____	_____
	Measles - 2nd shot (After 1980)	_____	_____	_____
	Rubella (German Measles)	_____	_____	_____

II. OR LABORATORY VERIFICATION (BLOOD TITRES)

	Date	Results
Measles	_____	_____
Rubella (German Measles)	_____	_____

Physician's Signature _____ Date _____