

WESTERN CONNECTICUT STATE UNIVERSITY Registration Form

SESSION: Summer I Summer II Summer III E-mail: _____
 Enrollment Status (check one): Previously Enrolled Student ID# _____ New Student ID# _____

Mr. Mrs. Miss Ms. NAME: _____
LAST FIRST MI

ADDRESS: _____
NUMBER & STREET APT. #

CITY/TOWN STATE ZIP

PHONE: _____
CELL WORK HOME

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
 Masters 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

Method of Payment (check one): Check Credit Card Cash (not accepted after 4:00 p.m.) Promissory Note/Waiver

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

I WOULD LIKE TO REGISTER FOR THE FOLLOWING COURSES

Course Selections: (NOTE: Registration will not be process without documented proof that all prerequisites have been met.)

Summer Session I

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

Summer Session II

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

Summer Session III

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

Undergrad Cost: \$ _____ **** Service Fee (Non-refundable): \$55. Total Due: \$ _____
 Refer to bulletin for payment schedule. Enclose check made payable to "WCSU" or Credit Card Authorization Form and return with entire form to:
 Continuing Education Office, WCSU, 181 White Street, Danbury, CT 06810.

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 _____

**** SEE CASHIERS WEBSITE (wcsu.edu/cashiers) FOR PRICING.



Emergency Contact Information

Name: _____
(first) (last)

Relationship to student: _____

Address: _____

City, State, ZIP: _____

Primary Telephone Number: _____

Alternate Telephone Number: _____