

WESTERN
CONNECTICUT
STATE
UNIVERSITY

ARRIVE IN

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READ THIS FIRST!

CONFIRM YOUR SEAT IN OUR FALL 2026 CLASS BY REVIEWING, COMPLETING AND SENDING BACK THE FOLLOWING REQUIRED SECTIONS:

1) ENROLLMENT FORM/CHECKLIST (page 3)

Read carefully, sign and bring or send applicable forms/ payments to: Admissions Office, WCSU, 181 White St., Danbury, CT 06810. A postage-paid envelope is included for your convenience. The checklist must be completed and sent in even if you have paid the fee(s) online.

2) COST AND PAYMENT OPTIONS (page 5)

Please review this page for tuition amounts and payment methods.

3) HOUSING APPLICATION (page 6)

Complete online application if you intend to reside on campus.

4) HEALTH FORMS (pages 7-10)

Review this important information, and then complete and submit the form as required.

5) STEP INTO THE DEN (pages 11)

You've submitted your deposit, what's next?

WCSU STUDENT ACCOUNT CREATION

Newly admitted students will be sent an email from **mim@wcsu.edu** to the email address they provided Admissions, with instructions on how to activate their WCSU Account. Please follow the instructions given in this email to set up your WCSU account. Your WCSU Account will be needed to pay your enrollment deposit, check your financial aid award and much more. If you experience any issue setting up the account, please contact our service desk at **RequestIT@wcsu.edu** or call them at (203) 837-8467.

COURSE REGISTRATION*

First-time freshmen:

All incoming first-year students who have confirmed and deposited are pre-registered for courses aligned with requirements needed for their declared major and their math and writing placement levels. Each schedule is thoughtfully created featuring courses and requirements recommended by academic departments.

NAMES TO KNOW AT WESTERN CONNECTICUT STATE UNIVERSITY

Admissions Office
University Advisement Center
AccessAbility Office
Cashier's Office
Division of Enrollment Services

(203) 837-9000 / admissions@wcsu.edu
(203) 837-8397 / advisors@wcsu.edu
(203) 837-8225 / aasa@wcsu.edu
(203) 837-8381 / cashiers@wcsu.edu
(203) 837-8001

Financial Aid & Student Employment
Health Service
Housing & Residence Life
Registrar's Office
Veterans Affairs

(203) 837-8580 / wcsufinancialaid@wcsu.edu
(203) 837-8594 / lipked@wcsu.edu
(203) 837-8531 / housing@wcsu.edu
(203) 837-9200 / registrar@wcsu.edu
(203) 837-8840 / vetinfo@wcsu.edu

1. ENROLLMENT CONFIRMATION

Full Name: _____

Student ID No. (See top right of acceptance letter): _____

YES, I PLAN TO ENROLL AT WESTERN CONNECTICUT STATE UNIVERSITY FOR THE FALL 2026 SEMESTER:

As a resident student:

- Enclosed is my \$450 combined tuition & housing deposit, or
- I have paid the tuition and housing deposit online at wcsu.edu/ezpay.

As a commuter student:

- Enclosed is my \$200 tuition deposit, or
- I have paid the deposit* online at wcsu.edu/ezpay.

*If you plan to enroll as a part-time student, you are exempt from the \$200 tuition deposit.

I understand that **I cannot begin classes or move into a residence hall** until my immunizations are received/approved by the Health Service Office.

- I have enclosed the immunization form completed and signed by my health provider.
- I will have my health provider fax my immunizations to the Health Service Office at (203) 837-8583.

Transfer and Re-Entry Students: **I have contacted the University Advisement Center at advisors@wcsu.edu or (203) 837-8397** to schedule an appointment for advisement.

Student Signature

Date

No, I do not plan to enroll at Western Connecticut State University for Fall 2026; please withdraw my application.
(Please sign and date this form and return to us even if you do not plan to enroll.)

Please note: deposits are non-refundable.



COMPLETE AND RETURN TO:

ADMISSIONS OFFICE, WCSU, 181 WHITE ST., DANBURY, CT 06810 (OR EMAIL TO ADMISSIONS@WCSU.EDU)

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2. COST & PAYMENT OPTIONS

Full-time students must pay tuition, university fees, general fees and student activity fees. Payment is due by December 15.

ESTIMATED ANNUAL COSTS*

	TRI-STATE (CT, NY, NJ RESIDENTS)	NATIONAL (ALL OTHER STATES)	INTERNATIONAL
Tuition & Fees (annual)	\$ 13,401	\$ 16,901	\$ 16,901
Room, board & fees	\$ 15,314	\$ 15,314	\$ 15,314
Total	\$ 28,715	\$ 32,215	\$ 32,215

*Based on last year's rates. Rates for the Fall 2026 semester will be available in early 2026. Lab, program, and other fees may apply.

Full-time students will be charged \$636 per credit for each credit hour in excess of 18 credits.

Part-time, in-state undergraduate students (11 1/2 credits or fewer) pay \$636 per credit. All part-time students pay a non-refundable registration fee of \$60 and a student-activity fee of \$8 per credit, \$16 writing center fee. Lab, program and other fees may apply.

TUITION PAYMENT METHODS

All bills are posted in Touchnet (the Billing Portal) at wcsu.edu/ezpay. We do not mail bills. **When a student registers for fall, their bill will automatically become available.** You may pay in full each semester using cash, check, money order, debit or credit card (Visa, Discover, MasterCard or American Express), or one or more of the options below:

Online payment plan

WCSU's online plan costs \$45/semester, with no interest or finance charges.

FOR MORE INFORMATION REGARDING STUDENT CHARGES, PLEASE VISIT WCSU.EDU/CASHIERS.

FINANCIAL AID AT WESTERN

When to Apply

The Free Application for Federal Student Aid (FAFSA) and the Aid Application for CT Undocumented Students (AACTUS) will become available in **October 2025**. To be considered for financial aid, you must be accepted to the university and have a processed and valid FAFSA/AACTUS on file with the Office of Financial Aid on or before **March 1**. It is recommended that you submit your FAFSA as early as possible in order to meet the deadline. Be advised that it takes up to 5 business days for your FAFSA/AACTUS to be processed.

Be sure to include **WCSU's Federal School Code (001380)** on your FAFSA. Financial aid award offers are made based on the availability of funding at the time of packaging.

How to Apply

Create an FSA ID for the Student and Parent (as applicable) at studentaid.gov.

Complete and submit the 2025-26 FAFSA at studentaid.gov. Use the FA-DDX IRS Data Exchange available when completing your FAFSA to ensure accurate and timely processing of your financial aid application.

If your FAFSA is selected for verification by the U.S. Department of Education, additional information may be requested of you in order to process your financial aid. To expedite the federal verification process, we have partnered with Inceptia, a nonprofit organization, and will use a Verification Gateway online portal. If you are selected for verification, you will receive an introductory email to the email address you provided on the FAFSA. It is suggested that you do not use an email affiliated with your high school.

AACTUS

Download the application at wcsu.edu/finaid/undocumentedstudents. Please submit all documents for processing using the WCSU Financial Aid Document Upload page, a secure website.

For more information on Financial Aid at WCSU visit wcsu.edu/finaid.

WCSU Office of Financial Aid and Student Employment

Old Main 105 · Hours: Mon-Fri, 8 a.m. to 4:30 p.m.

Phone: (203) 837-8580 **Fax:** (203) 837-8528

Email: wcsufinancialaid@wcsu.edu

3. HOUSING APPLICATION

WELCOME TO CAMPUS LIVING AT WCSU!

Complete your Housing Application Online through the Housing Portal: https://wcsu.datacenter.adirondacksolutions.com/wcsu_thdss_prod/

As a new first-year or transfer student living in one of our residence halls, you'll have lots of opportunities to get to know your campus and to make friends with fellow residents. You'll have easy access to classes, campus activities and dining facilities, as well as to the university's many services and special events.

HOUSING OPTIONS

MIDTOWN CAMPUS

WCSU's Midtown campus, in the heart of Danbury, offers the classic design of stately buildings surrounding the Quad, and has three co-ed residence halls. All of our residence halls are equipped with laundry equipment that our residents are able to use without additional cost.

Fairfield Hall The smallest of our Midtown residence halls, accommodates both men and women on separate floors and wings. Fairfield Hall (FH) recently underwent a renovation to the main entrance that is meant to create an environment that fosters collaboration and fun while reminding us of its vibrant past.

Litchfield Hall is our most recently renovated traditional-style residence hall, housing both men and women First-year students. LH offers a beautiful inside courtyard and lots of lounges with space for social activities.

Newbury Hall is a five story traditional style residence hall housing both men and women First-year students. The upper floor lounges offer excellent views of the Midtown Campus.

Each residence hall provides lounges (some have kitchenettes) with TVs and recreation equipment and laundry facilities. All rooms have cable hookups and streaming service. Hall councils plan and implement fun activities throughout the school year.

Midtown residents enjoy eating in the Berkshire Hall Dining Facility, with meal-exchange privileges at Westside's Campus Center. Delicious, fresh meals are provided by Sodexo Dining Service.

WESTSIDE CAMPUS

This beautiful, 364-acre campus is on Danbury's west side, and is home to three distinctive suite-style residence halls:

Centennial Hall's suite-style living spaces accommodate four to five students per unit. All units include two bedrooms, plus living room and bathroom. Suites do not have kitchens, so residents enjoy their meals in the nearby Campus Center.

Pinney Hall is a 430-person, apartment-style building. Units house five students and have three bedrooms, two bathrooms, a living/dining area, and full kitchen. (Note: *Limited availability due to renovations*).

Grasso Hall's four-person apartments consist of two bedrooms, a living/dining room, kitchen and bathroom.

OTHER IMPORTANT INFORMATION

All admissions and housing deposits must be made as soon as possible. Included with these must be your completed checklist, housing application (submitted online) and immunization forms.

Confirmation of your meningitis vaccination (MenACWY) / Menactra/MCV4 (received within the past five years) must be on file with WCSU's Health Service before your room can be selected. This information should be submitted as soon as possible in order to select a room assignment. Meal plans are required for all students residing in residence halls.

AFTER PAYING YOUR DEPOSIT, YOU WILL RECEIVE AN AUTOMATED EMAIL CONFIRMING YOUR ACCESS TO THE HOUSING PORTAL. AFTER RECEIVING THE EMAIL, YOU CAN USE YOUR WCSU CREDENTIALS TO LOG INTO THE SYSTEM.

PLEASE LOG INTO THE HOUSING PORTAL TO COMPLETE THE HOUSING APPLICATION

[HTTPS://WCSU.DATACENTER.ADIRONDACKSOLUTIONS.COM/WCSU_THDSS_PROD/UNAUTHORIZED](https://wcsu.datacenter.adirondacksolutions.com/wcsu_thdss_prod/unauthorized)

ACCESS TO THE PORTAL IS AVAILABLE 6 HOURS AFTER YOUR DEPOSIT IS RECEIVED.



SCAN HERE

FOR MORE INFORMATION ON HOUSING AND/OR DINING PLANS, PLEASE VISIT WCSU.EDU/HOUSING.

4. HEALTH SERVICES

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Health Services is located on the university's Midtown campus. It provides students with acute care and health education. Office hours are Monday through Friday, 8 a.m. – 4 p.m. Visits are at no cost, although a nominal fee may be charged for some services. These charges will be billed to your tuition bill as a general health service fee. Fees for services outside of the Health Services office such as those for prescription medications, x-rays, referrals to specialists, emergency department care, ambulance transport and hospitalization, are the responsibility of the student.

All students must submit the Connecticut State University Student Health Services form, which includes the state mandated immunizations: two Measles, two Mumps, two Rubella, and two Varicella vaccines. This form (which is attached) is required before the start of classes. Additionally, students who plan to live on campus must also submit proof of a Meningococcal ACYW vaccine within five years prior to receiving a room assignment.

Failure to comply with the state-mandated immunization requirements will result in a blocked registration/hold for the following semester.

Some academic programs may require additional immunizations or examinations prior to the student's participation in an internship or other assignment. **For more information about Health Services, the immunization requirements, or the CSU Student Health Services form, please visit: wcsu.edu/healthservices.**



******* Please Note *******

All health requirements should be uploaded to the Health Services Patient Portal.

<https://wcsu.medicatconnect.com/>

Forms can alternately be mailed or faxed to the Health Services office:

181 White Street, Danbury, CT 06810
FAX: (203) 837-8583

CLICK HERE



**HEALTH SERVICES
PATIENT PORTAL**

Connecticut State University Student Health Services Form

Date Beginning School Fall Spring of _____ (year)

FOR OFFICE USE ONLY

Complete Missing: _____

PLEASE RETAIN A COPY OF THIS FORM FOR YOUR RECORDS – BOTH SIDES/PAGES OF THIS FORM MUST BE COMPLETED AND SUBMITTED

Last Name	First Name	MI
Date of Birth and Birthplace:	Sex/Gender:	Student ID #:

State of Connecticut and Connecticut State universities REQUIRE

Two doses for each Measles, Mumps, Rubella & Varicella—One dose of Meningitis* Complete TB Risk and/or Test or Treatment

Vaccine & Date Given OR		Incidence of OR Disease	Titer Test Results (Attach lab report)	Requirements
1	Measles #1 <input type="checkbox"/> or <input type="checkbox"/> MMR Date:	Date:	Measles Titer Date: Result: <input type="checkbox"/> Pos <input type="checkbox"/> Neg	Must be on or after 1st birthday. Must be at least 28 days after 1st immunization.
2	Mumps #1 <input type="checkbox"/> or <input type="checkbox"/> MMR Date:	Date:	Mumps Titer Date: Result: <input type="checkbox"/> Pos <input type="checkbox"/> Neg	Must be on or after 1st birthday Must be at least 28 days after 1st immunization.
3	Rubella #1 <input type="checkbox"/> or <input type="checkbox"/> MMR Date: Rubella #2 <input type="checkbox"/> or <input type="checkbox"/> MMR Date:	Date:	Rubella Titer Date: Result: <input type="checkbox"/> Pos <input type="checkbox"/> Neg	Must be on or after 1st birthday Must be at least 28 days after 1st immunization.
4	Varicella #1 Date: Varicella #2 Date: Provider Initials:	Incidence of OR Chicken Pox Disease Date:	Varicella Titer Date: Result: <input type="checkbox"/> Pos <input type="checkbox"/> Neg	Varicella required only for students born on or after January 1, 1980 #1 Must be on or after 1 st birthday; #2 Must be at least 28 days after 1 st immunization
5	Meningococcal (must include groups A,C,Y&W-135) If living on-campus, your last vaccination must be within 5 years of your 1st day of school. Date(s): 1. _____ 2. _____ Name of Vaccine: _____ <input type="checkbox"/> I will not be living on-campus. I do not require this vaccine			
6	TUBERCULOSIS (TB) RISK QUESTIONNAIRE –QUESTIONS A THROUGH D TO BE ANSWERED BY STUDENT			
	A. Have you ever had a positive TB skin or blood test in the past? If you answer, "Yes," Section 6b., CHEST X-RAY, must be completed <input type="checkbox"/> Yes <input type="checkbox"/> No			
	B. To the best of your knowledge have you ever had close contact with anyone who was sick with tuberculosis (TB)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	C. Were you born in one of the countries listed below? If yes circle country <input type="checkbox"/> Yes <input type="checkbox"/> No			
	D. Have you traveled or lived for more than one month in one or more of the countries listed below? If yes circle country <input type="checkbox"/> Yes <input type="checkbox"/> No			

Afghanistan, Algeria, Angola, Anguilla, Argentina, Armenia, Azerbaijan, Bahrain, Bangladesh, Belarus, Belize, Benin, Bhutan, Bolivia, (Plurinational State of), Bosnia, and Herzegovina, Botswana, Brazil, Brunei, Darussalam, Bulgaria, Burkina Faso, Burundi, Cambodia, Cameroon, Cape Verde, Central African Republic, Chad, China, China, Hong Kong, Special Administrative Region, China, Macao, Special Administrative Region, Colombia, Comoros, Congo, Côte d'Ivoire, Democratic People's Republic of Korea, Democratic Republic of the Congo, Djibouti, Dominican Republic, Ecuador, El Salvador, Equatorial Guinea, Eritrea, Estonia, Ethiopia, Fiji, French Polynesia, Gabon, Gambia, Georgia, Ghana, Guam, Guatemala, Guinea, Guinea Bissau, Guyana, Haiti, Honduras, India, Indonesia, Iraq, Iran, Japan, Kazakhstan, Kenya, Kiribati, Kuwait, Kyrgyzstan, Lao People's Democratic Republic, Latvia, Lesotho, Liberia, Libyan Arab Jamahiriya, Lithuania, Madagascar, Malawi, Malaysia, Maldives, Mali, Marshall Islands, Mauritania, Mauritius, Mexico, Micronesia, (Federated States of), Mongolia, Morocco, Mozambique, Myanmar (Burma), Namibia, Nauru, Niue, Nepal, Netherlands, Antilles, New Caledonia, Nicaragua, Niger, Nigeria, Northern Mariana Islands, Pakistan, Palau, Panama, Papua New Guinea, Paraguay, Peru, Philippines, Poland, Portugal, Qatar, Republic of Korea, Republic of Moldova, Romania, Russian Federation, Rwanda, Saint Vincent and the Grenadines, Sao Tome and Principe, Senegal, Serbia, Seychelles, Sierra Leone, Singapore, Solomon Islands, Somalia, South Africa, South Sudan, Sri Lanka, Sudan, Suriname, Swaziland, Syrian Arab Republic, Tajikistan, Taiwan, Thailand, The former Yugoslav Republic of Macedonia, Timor-Leste, Togo, Trinidad and Tobago, Turks and Caicos Islands, Tunisia, Turkey, Turkmenistan, Tuvalu, Uganda, Ukraine, United Republic of Tanzania, Uruguay, Uzbekistan, Vanuatu, Venezuela, (Bolivarian Republic of) Vietnam, Wallis, and Futuna Islands, Yemen, Zambia, Zimbabwe. Based on WHO Global TB Report 2013

6. If you answer **NO** to all questions no further action is required.

Prior BCG vaccine does not exempt patient from this requirement.

If you answer **YES** to B-D of the above questions, Connecticut State University requires that a healthcare provider complete the following TB testing evaluation and x-ray **within 6 months prior to the start of classes.** (After February for Fall Semester and after July for Spring Semester.)

6a. TB BLOOD TEST OR Interferon-gamma release assay Date: Result: <input type="checkbox"/> NEG <input type="checkbox"/> POS	6a. TB SKIN TEST Use 5TU Mantoux test only.		6b. CHEST X-RAY Required within 1 year for past or current positive TB skin or blood test. X-RAY REPORT MUST BE ATTACHED	
	Date Planted:	Interpretation (If no induration, mark 0) <input type="checkbox"/> NEG <input type="checkbox"/> POS _____ mm of induration	Chest X-ray	Date: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal
	Date Read:		Frequency: Start & Completion Dates:	

Other Vaccination History (Tetanus Booster within last 10 years and Hepatitis B series are recommended)

Hepatitis B #1 Date:	Hepatitis B #2 Date:	Hepatitis B #3 Date:	Hepatitis Titer Date:	Result: <input type="checkbox"/> Pos <input type="checkbox"/> Neg
Last Tetanus Booster: Td or Tdap Date:	Other Vaccination:		Other Vaccination:	Other Vaccination:

I confirm that the information above is accurate.

Clinician Signature:

Date:

Consent for treatment required to be signed (If you are less than 18 years of age signatures of both the student and one parent/guardian are required)

I hereby grant permission for the Connecticut State University Health Services staff to provide me with appropriate medical and mental health treatment including medications for treatment of illnesses/injuries and to arrange for any emergency medical care if circumstances at that time make it impossible for me to make such decisions. Furthermore, I understand that University Health Services staff may disclose my student medical records and/or information from such records to appropriate University personnel and/or Emergency Contacts identified within my records in the event of a health or safety situation as determined by the Student Health Services staff.

Signature of Student

Signature of Parent/Guardian

Date:



COMPLETE AND RETURN TO: WCSU.MEDICATCONNECT.COM OR HEALTHSERVICES@WCSU.EDU

Connecticut State University Student Health Services Form – Page 2

PLEASE RETAIN A COPY OF THIS HEALTH FORM FOR YOUR RECORDS BOTH SIDES/PAGES OF THIS FORM MUST BE SUBMITTED

Student Name	Home/Personal Email Address	Student Cell Phone
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Permanent Home Information		Notify in Case of Emergency	
Home Phone	Cell/Work Phone	Name	Relationship
Street Address		Home Phone	Cell/Work Phone
City	State Zip	Street Address	
		City	State Zip
Personal Physician/Healthcare Provider		Address:	
Name:		Telephone #:	FAX #

Personal Medical History- Please circle all below that apply to you:

Check here if none apply

Alcohol/drug Abuse	Diabetes	Mumps
Anemia	Endometriosis	Rheumatic Fever
Anxiety/Depression/Mental Illness	Gastrointestinal Problems	Seizures
Asthma	Hepatitis B or C Disease	Sickle Cell Disease
Cardiac Condition/Heart Murmur	High Blood Pressure	Thyroid Disorder
Bleeding/blood clot disorder	HIV/AIDS	Tuberculosis
Concussion	Measles	Other please explain
Dental Problems	Mononucleosis	

Allergies: Drugs & Other Severe Adverse Reactions - Please complete all that apply and explain reaction

Medication	Food
Insect	Environmental (pollen, animals, etc.)
Seasonal	X-ray Contrast
Are any life threatening?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Do you carry an Epi Pen? <input type="checkbox"/> Yes <input type="checkbox"/> No

Check here if you have no allergies

Prior Hospitalizations or Surgeries - Please list dates and reasons:

Medications (Frequently or regularly taken) - Please list all prescriptions, natural and over the counter medications:

Is there any other medical information or health concern that we should know about? Please attach any additional information to further explain your condition or concern.

Current height**: Current weight**: Most recent blood pressure (if known) **:

****Not required**

Did you sign the Consent for Treatment on Page 1?

Please return by mail or fax to the appropriate Health Service listed below.

Central Connecticut State University
University Health Service
1615 Stanley Street
New Britain, CT 06050
860/832-1925 Fax 860/832-2579

Eastern Connecticut State University
University Health Service
185 Birch Street
Willimantic, CT 06226
860/465-5263 Fax 860/465-4560

Southern Connecticut State Univ
University Health Service
501 Crescent Street
New Haven, CT06515
203/392-6300 Fax 203/392-6301

Western Connecticut State University
University Health Service
181White Street
Danbury, CT 06810
203/837-8594 Fax 203/837-8583

(Rev. 8/2015)



5. STEP INTO THE DEN

You've submitted your deposit, what's next? Here are your next steps to #stepintotheden at Western Connecticut State University

1. Be sure to set up your **WCSU student email and accounts**
2. Save the date for mandatory New Student Orientation! For more information about dates and registration please visit wcsu.edu/orientation
3. If you are a first time student, submit your **AP scores, dual enrollment college transcripts and your final high school transcripts** to the Admissions Office directly following your high school graduation, **transcripts must be received prior to the first day of classes**
4. If you are a transfer student, submit all **final official college transcripts** by the start of the semester
5. Follow WCSU Admissions on Twitter and Instagram for the most up to date events and information: [@WCSUAdmissions](https://www.instagram.com/wcsuadmissions)

You're now invited to join our official Accepted Student Community on ZeeMee, exclusive to you and other admitted students.

JOIN THE ADMITTED STUDENT CHAT.

- Connect with students who share your interests.
- Find a roommate by taking the roommate quiz.
- Participate in live, social events.



Download the app today to get started!



