

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.

XXXXXX	Graduate Continuation Enrollment (NCR 1000 XX)	no-credit	\$40.00
		TOTAL DUE	\$40.00

Student's Signature _____
(required to process registration)

Return form to: Old Main, Suite #101 or graduateadmissions@wcsu.edu