



Office of the Registrar
181 White Street, Old Main 102
Danbury, CT 06810
Phone: (203) 837-9200
Fax: (203) 837-9049

Non-Matriculated Undergraduate Student Registration Form

Entering Year: _____ Semester: [] Spring [] Spring Break [] Summer [] Fall [] Winter Intersession
Enrollment Status (please check one): [] Previously registered [] New student

PERSONAL INFORMATION

WCSU Banner ID No. _____ Social Security No. -- ____ --
Social Security number is not required; optional only for tax purposes.

Gender: [] Male [] Female Race: [] American Indian [] Asian [] Black (Not of Hispanic Origin) [] Hispanic [] White [] Other
Prefix: [] Mr. [] Mrs. [] Miss [] Ms. [] Dr.

Name: _____
LAST FIRST MI

Address: _____
NUMBER & STREET APT OR UNIT
CITY/TOWN STATE ZIP

Phone: _____
HOME MOBILE

Email Address: _____

Emergency Contact: _____
NAME/RELATIONSHIP PHONE

Date of Birth: _____ Veteran Status: [] Yes [] No
If yes, have you been in contact with the Office of Veterans Affairs? [] Yes [] No

Are you a Connecticut resident? [] Yes [] No Are you a citizen of the United States? [] Yes [] No

Educational level to date: [] High school diploma or equivalent [] A.S. degree [] Bachelors degree [] Master's degree [] Doctoral degree

COURSE INFORMATION

I would like to register for the following courses (proof of prerequisites required with proper documentation (i.e. SAT/ACT scores, unofficial transcript, etc.):

Table with 4 columns: 5-DIGIT COURSE CODE, DEPARTMENT, COURSE NO., SECTION. Three rows of empty lines for entry.

PAYMENT INFORMATION

- 1. All payments are due at the time of registration. WCSU accepts cash, check and debit/credit cards (Master Card, Visa, American Express and Discover)
2. Non-attendance of classes does not entitle students to a refund on their tuition and fee bill, formal withdrawal is required.
3. I understand that when I register for any class at Western Connecticut State University or receive any service from Western Connecticut State University I accept full responsibility to pay all tuition, fees, and other associated costs...

[] I realize that by registering for these classes I will be held responsible for full payment of the above-listed courses in accordance with the terms outlined above. Please refer to the Cashier's office for payment schedule.

SIGNATURE

DATE