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**WESTERN
CONNECTICUT
STATE
UNIVERSITY**

ARRIVE IN

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READ THIS FIRST!

TO CONFIRM YOUR SEAT IN OUR FALL 2024 CLASS, YOU MUST REVIEW, COMPLETE AND SUBMIT THE FOLLOWING:

1) ENROLLMENT FORM/CHECK LIST (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 (page 11)

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

WCSU Student Account

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 check that email and follow the instructions. 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 Freshmen are pre-registered for courses based on their major. Each schedule is built purposely, based on WCSU graduation requirements, individual program requirements, and any prerequisite course requirements needed to build a strong academic foundation so you can be prepared to take the next set of courses recommended by your advisor next semester.

Each first time freshman will be registered for a First Year Experience course that will teach students about the culture, policies, and opportunities available to all WCSU students. These courses are exciting opportunities to learn about WCSU and meet new people!

Freshmen who have deposited on-time can expect to have access to their schedules mid-summer. All students will be notified as their schedules are available through their email attached to their applications.

Students can make appointments to meet their advisor as early as the first week of the semester. If you have questions before then, please reach out to the University Advisement Center and one of our professional advisors will assist you.

Transfer students:

Be sure that WCSU has the transcripts from all the schools you have attended in order to receive credit for classes. This will also assist with registration by verifying that you have met the pre-requisites for courses.

Transfer students will have the opportunity to work with their department or a professional advisor for advisement and registration. The University Advisement Center will assist all transfer students with this process. Transfer students can self-register through their WCSU BannerWeb accounts using the six-digit registration PIN provided during their advisement session. Any student who would like further assistance can reach out to the University Advisement Center for more support.

Please review your schedule and the course catalog. If you believe you are registered for a course that is similar to something you have taken at another school, please ask for a review of your transfer credits so you don't repeat a course for which you have received transfer credits.

** You will not be allowed to register for classes until your Admissions deposit has been paid (full-time students only).*

FOR STUDENTS WITH DISABILITIES

Western Connecticut State University is committed to the full participation of all students in its programs. Any student who feels they may need a specific accommodation based on the impact of a documented disability while attending WCSU should contact the Office of AccessAbility Services to coordinate reasonable accommodations.

AccessAbility Services contact information:

- (203) 837-8225 [phone]
- (203) 837-3235 [TTY]
- Midtown campus, White Hall Room 005

Your offer of admission is for the Fall 2024 semester only and is contingent upon the successful completion of any courses currently in progress.

NAMES TO KNOW AT WESTERN CONNECTICUT STATE UNIVERSITY

Admissions
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 / aas@wcsu.edu
 (203) 837-8381 / cashiers@wcsu.edu
 (203) 837-8001

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

(203) 837-8580 / wcsufinancialaid@wcsu.edu
 (203) 837-8594 / healthservices@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 2024 SEMESTER:

As a *resident student*:

- Enclosed is my housing application with a \$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.
- I plan to enroll as a part time student, I understand that as a part time student I am exempt from the \$200 tuition deposit and I have contacted the University Advisement Center at advisors@wcsu.edu to schedule an appointment to register for courses.

- I understand that **I cannot begin classes or move into a residence hall** until my immunizations are received/approved by the Health Services 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 students only:* **I have contacted my academic advisor or the University Advisement Center** at advisors@wcsu.edu to schedule an appointment for advisement.

Student Signature _____

Date _____

- No, I do not plan to enroll** at Western Connecticut State University for Fall 2024; 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 for the fall semester is due July 15th.

ESTIMATED ANNUAL COSTS*

	TRI-STATE (CT, NY, NJ RESIDENTS)	NATIONAL (ALL OTHER STATES)	INTERNATIONAL
Tuition & Fees (annual)	\$ 12,763	\$ 16,095	\$ 16,095
Room, board & fees	\$ 14,476	\$ 14,476	\$ 14,476
Total	\$ 27,239	\$ 30,571	\$ 30,571

*Not yet available. Lab, program and other fees may apply.

Full-time students will be charged \$606 per credit for each credit hour in excess of 18 credits.

Part-time, in-state undergraduate students (11 ½ credits or fewer) pay \$606 per credit. All part-time students pay a non-refundable registration fee of \$60 and a student-activity fee of \$3 per credit. Lab, program and other fees may apply.

TUITION PAYMENT METHODS

Tuition bills are posted online using the EZPay system (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 \$35/semester, with no interest or finance charges.

FOR MORE INFORMATION REGARDING STUDENT CHARGES OR PAYMENT OPTIONS 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 December 2023. 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 offers are made based on the availability of funding at the time of packaging.

HOW TO APPLY

FAFSA

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

Complete and submit the 2024-2025 FAFSA at studentaid.gov. Use the IRS Data Retrieval Tool 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 non-profit 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/undocumented-students. 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 & 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 opportunity 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 or 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.

Newbury Hall, tallest of Midtown's buildings, comfortably accommodates men on the second and fifth floors, and women on the third and fourth.

Litchfield Hall is a recently renovated traditional-style residence hall housing both men and women.

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.

WESTSIDE CAMPUS

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

Pinney Hall is an apartment-style building for residents with 56 or more credits or who are 21 or older. Units house five students and have three bedrooms, two bathrooms, a living/dining area, full kitchen and balcony (Note: Limited availability due to planned renovations).

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

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.

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 via the housing portal) and immunization forms. Confirmation of your meningitis vaccination (received within the past five years) must be on file with WCSU's Health Service before you can select a room and meal plan.

Meal plans are required for all students residing in residence halls.

For more information on housing and/or dining plans, please visit www.wcsu.edu/housing.

4. HEALTH SERVICES

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 *******

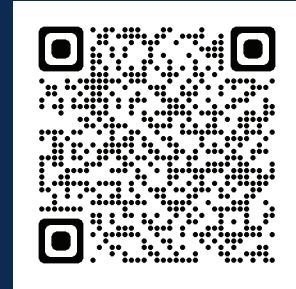
All health requirements should be uploaded to the Health Services Patient Portal.

<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 Disease	OR	Titer Test Results (Attach lab report)	Requirements
1	Measles #1 <input type="checkbox"/> or <input type="checkbox"/> MMR Date:	Date:		Measles Titer Date:	Must be on or after 1st birthday.
	Measles #2 <input type="checkbox"/> or <input type="checkbox"/> MMR Date:			Result: <input type="checkbox"/> Pos <input type="checkbox"/> Neg	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:	Must be on or after 1st birthday
	Mumps #2 <input type="checkbox"/> or <input type="checkbox"/> MMR Date:			Result: <input type="checkbox"/> Pos <input type="checkbox"/> Neg	Must be at least 28 days after 1st immunization.
3	Rubella #1 <input type="checkbox"/> or <input type="checkbox"/> MMR Date:	Date:		Rubella Titer Date:	Must be on or after 1st birthday
	Rubella #2 <input type="checkbox"/> or <input type="checkbox"/> MMR Date:			Result: <input type="checkbox"/> Pos <input type="checkbox"/> Neg	Must be at least 28 days after 1st immunization.
4	Varicella #1 Date: Varicella #2 Date:	Incidence of OR Chicken Pox Disease Date: Provider Initials:		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: _____ 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? <i>If you answer, "Yes," Section 6b., CHEST X-RAY, must be completed</i>	<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? <i>If yes circle country</i>	<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? <i>If yes circle country.</i>	<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,BurkinaFaso,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,GuineaBissau,Guyana,Haiti,Honduras,India,Indonesia,Iraq,Iran,Japan Kazakhstan,Kenya,Kiribati,Kuwait,Kyrgyzstan,Lao,People's,Democratic,Republic,Latvia,Lesotho,Liberia,Libyan,Arab,Jamahiriyah,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	6c. TB TREATMENT Medication/Dose
	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	Frequency: Start & Completion Dates:
Date Read:				

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:	

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.EDUMEDICATCONNECT.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			Street Address		
State			City		
Zip			State		
			Zip		

Personal Physician/Healthcare Provider	
Name:	Address:
	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
181 White Street
Danbury, CT 06810
203/837-8594 Fax 203/837-8583

(Rev. 8/2015)



COMPLETE AND RETURN TO:

WCSU.EDUMEDICATCONNECT.COM OR HEALTHSERVICES@WCSU.EDU

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

Be sure to set up your **WCSU student email and accounts**

Save the date for Summer Orientation! **For more information visit wcsu.edu/orientation**

- School of Visual and Performing Arts Orientation 6/17-6/18
 - School of Professional Studies Orientation 6/20-6/21
 - Ancell School of Business Orientation 6/24-6/25
 - Macricostas School of Arts and Sciences Orientation 6/27-6/28
 - Orientation Make up Date 7/8-7/9
1. 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
 2. If you are a transfer student, submit all **final official college transcripts** by the start of the semester
 3. Follow WCSU Admissions on Twitter and Instagram for the most up to date events and information: **@WCSUAdmissions**

Our Admissions Office team and students are always available to help answer your questions. Scan the QR code below to send a message to a current student or an Admissions Counselor.



WESTERN CONNECTICUT STATE UNIVERSITY

USE THE QR CODE TO CHOOSE A STUDENT AMBASSADOR TO CHAT WITH.

CHAT WITH WESTERN CONNECTICUT STATE UNIVERSITY CURRENT STUDENTS

