External Programs Registration Form
WCSU 181 White Street, Danbury CT 06810   FAX (203) 837-8326

Session:  SPRING 2008 ONLY

Student I.D. # ______________________ or Student Soc Sec # ______________________
(if you don’t have one, leave blank) (if you don’t have one, leave blank)

Name: Mr/Mrs/Miss/Ms Last ______________________ First ______________________

Address: Number & Street ______________________________________________________
City/Town __________________________________________ State ______ Zip Code ______

Telephone: Home ______________________ Work ______________________

Date of Birth: ___/___/___  Sex: ___ Male ___ Female

Ethnic Background: ___ Asian ___ Native Hawaiian or Other Pacific Islander ___ Black or African American
___ Hispanics of any race ___ American Indian or Alaska Native ___ White ___ Two or more races

How did you hear about us? ___ Mailing ___ Newspaper ___ Friend ___ Other __________

Have you taken a course at Western Connecticut State University? ___Yes ___No

I WOULD LIKE TO REGISTER FOR THE FOLLOWING COURSE(S):

____ Essentials of English (CRN 41735): Jan 23 – May 17 Mon. & Wed., 6:45p.m. – 8:15 p.m. $495

____ The English Experience (CRN 41736): Jan 22 – Dec 17 Tues. & Thurs., 7:00 p.m. – 8:30 p.m. $495

____ Effective Speech & Pronunciation (CRN 41737): Jan 25 – May 9 Fridays, 6:30p.m. – 8:30 p.m. $300

(Tuition includes a nonrefundable $10.00 registration fee for all courses listed above)

Student’s Signature ______________________ (required to process registration)  TOTAL $ ______

REFUND POLICY: No refunds after the second day of class

Method of Payment: ___ Check (make check payable to W.C.S.U.) ___ Credit Card (use form below)

CREDIT CARD AUTHORIZATION

Clip and mail with registration form or bring with you for “in-person” registration. (Print name as it appears on credit card)

First Name ______________________ Last Name ______________________

Day phone # ______________________ Evening Phone # ______________________

Hereby authorizes Western Connecticut State University to charge registration expenses for:

Name ______________________ Student I.D. or SS # ______________________ to my credit card.

Account # ______________________ Exp. Date ___/___  Discover MasterCard Visa

Authorized Signature ______________________ Date ______ Zip Code* __________ of Billing Address

* Zip Code of billing address is required by credit company for processing. Your Credit Card/Registration will not be processed without it.

For Office Use Only: Tuition & Fees $ ______ Credits ______ Session ______

OTHER:

07/31/07