

Graduate Registration Form

WCSU 181 White Street, Danbury CT 06810 FAX (203) 837-8326

Students who wish to apply for graduate school or enroll in a graduate course must hold a bachelor's degree. Doctoral students must hold a master's degree.

Session: 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 ___
if yes, what program _____

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

5-DIGIT CODE #	DEPT.	COURSE #	SECTION #	COURSE TITLE	SEM HRS
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Total Number On Ground Graduate Credits _____ x \$387.00 = _____ + \$55.00 (non-refundable registration fee) = \$ _____ Total
Total Number Online
In-State Graduate Credits _____ x \$428.00 = _____ + \$50.00 (per online course) = \$ _____ Total
Total Number Online
Out-of-State Graduate Credits _____ x \$468.00 = _____ + \$50.00 (per online course) = \$ _____ Total
Doctoral Courses (Ed.D.) _____ x \$580.00 = _____ + \$55.00 (non-refundable registration fee) = \$ _____ Total

TOTAL DUE _____

It is the student's responsibility to meet all prerequisites and GPA requirements before registering for any graduate course(s). Graduate students may only be a non-matriculated student for ONE semester. Registering for graduate courses as a non-matriculated student does not guarantee matriculation and acceptance to Western Connecticut State University.

Student's Signature _____
(required to process registration)

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. _____ to my credit card.

Account # _____ - _____ - _____ Exp. Date ___/___/___ Discover MasterCard Visa
(CIRCLE ONE)

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 _____ 04/17/09