



Office of the Registrar

Parenzo Hall, Room 150, 577 Western Avenue, Westfield, MA 01086

Phone: (413) 579-3200 – Fax: (413) 579-3010 – Email: registrar@westfield.ma.edu

REGISTRATION FORM

STUDENT INFORMATION

Name: _____
First Middle Last

WSU Student ID#: A _____ Date of Birth: ____/____/____

Address: _____
Street City State Zip

Home/Cell Phone: _____ Email: _____

Prior education completed: Have you been officially accepted into a **Veteran:**

- High School
 - Associate Degree
 - Bachelor Degree
 - Master Degree
 - CAGS
- program at WSU?**
- No, Non-Matriculated
 - Yes, check one below
 - Undergraduate
 - Post-Baccalaureate
 - Graduate

- Yes
- No

Has your information changed since last attendance? Yes No

COURSE SELECTION

Prerequisites: Students are responsible for presenting proof of having met the prerequisite requirements at time of registration.

CRN (12345)	Course # PSYC 0523	Section 501	Course Title Counseling Basics	Day MW	Time 6-8:30pm	Credits 3

COST & PAYMENT INFORMATION

Westfield State University does not mail bills. Billing statements are available on the myWestfield online portal account. Only checks drawn on US Banks accepted. Payment in full is due two weeks prior to the start of the semester.

Graduate courses are \$398/credit or MS Social Work \$520/credit (tuition & fees*)

*Tuition & fees included in the per credit rate are: \$105/GR credit tuition, \$75 non-refundable registration fee, \$75 Educational Service Fee and other instructional fees. The Educational Service Fee is non-refundable after the semester begins.

Tuition waivers are calculated on \$105/GR credit tuition. Tuition & fees are subject to change without advance notice.

SIGNATURE By signing below, I agree to University policies, including those governing payment of tuition and withdrawal from a course. I accept financial responsibility for all charges and authorize Westfield State University to apply my financial aid (if applicable) to any and all charges on my bill. I agree to pay my bill based on the due date per the billing schedule. **Please note, you will be responsible to pay the \$75.00 non-refundable registration fee even if you withdraw prior to the start of the semester.**

Signature: _____ Date: _____

INTERNAL USE ONLY: Date Processed: _____ Initials: _____

Last Revised 10.12.2023_JH