

160 Pearl Street ■ Fitchburg, MA ■ 01420-2697 ■ www.fsc.edu/gce

Semester/Year: _____ Registration Date: _____

| | | | | |
|----------------|------------|------|--------------------------|----------------|
| Last Name | First Name | M.I. | Student # (can be S.S.#) | E-mail Address |
| Street Address | | | Home Phone # | Employer |
| City | State | Zip | Business Phone # | Date of Birth |

Please sign, verifying that this is your LEGAL name: _____

| Schedule Number | Course # | Course Title(s) | | Credits | GD/UG |
|-----------------|-----------|-----------------|-----------------------------|---------|--------|
| SA10047 | SENGL1100 | SAMPLE | SAMPL Writing SAMPLE SAMPLE | 3 | SAMPLE |
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| | | | | | |
| | | | | | |

These courses are: to be applied toward a Fitchburg State College degree program for professional development only

| Office Use ONLY | | | |
|-------------------|------------------|---------------------------------|--|
| SR (intl.): _____ | Voucher #: _____ | Capital Project Fee: _____ | |
| BR (intl.): _____ | CC: _____ | Late Fee: _____ | |
| Batch #: _____ | CK#: _____ | Total Tuition: _____ | |
| Sen. Cit.: _____ | FA: _____ | Educational Services Fee: _____ | |
| Vet.: _____ | P.P.: _____ | Insurance: _____ | |
| G.A.: _____ | TuRem _____ | | |

| | |
|--|----------------|
| If using Mastercard, Discover, or VISA : | |
| Card# _____ | Exp.Date _____ |
| Signature Authorizing Payment (For Mail Registration Only) _____ | |

Total Due \$ _____

Change of address?: (since last attendance) Yes No

Please complete for reporting purposes.

Sex: Male Female

Ethnic background:

- Asian American Indian/Alaskan Native
 African American Native Hawaiian/Pacific Islander
 Hispanic Cape Verdean
 White (Non-Hispanic) Unknown

Other: _____

Citizenship: United States Other: _____
 Foreign born/permanent resident

How long have you been a Mass. resident? yrs: _____ mo: _____

Veterans: (check one) Free Tuition File Benefits

Education: (presently completed)
 High School Bachelor's Degree Master's Degree

Are you in a degree program at FSC?: Yes No
 If yes, which one? Undergraduate Graduate
 Vocational Approval Program Certificate Program

Name of school you currently attend:
 (if other than FSC) _____

How did you hear about us? _____

Insurance Information (Matriculated Evening and Graduate Students ONLY) (Required of undergraduate students registering for 9 or more credits and graduate students registering for 6.75 credits.)

Insurance Company: _____

Address: _____

Policy Number: _____

Subscriber: _____

Relationship to Subscriber: _____

- A. I am currently participating and will continue to participate throughout the current academic year in a Health Insurance Program other than the program offered through Fitchburg State College.
- B. I have compared the College sponsored Health Insurance Program with my insurance and have determined their benefits to be comparable.
- C. I understand that if a Waiver request is submitted, I will be responsible for my medical expenses, and neither Fitchburg State College, nor its Health Insurance Program will be responsible for those expenses.

If you have any questions, please call either Health Services at 978/665-3216 or the Student Affairs Office at 978/665-3130.

I hereby certify that I have read, understand and am in compliance with ALL items (ABC) above:

Student's Signature: _____

—PLEASE RETURN TO THE OFFICE OF THE REGISTRAR—

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