

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

Semester/Year: \_\_\_\_\_ Registration Date: \_\_\_\_\_

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

Please sign, verifying that this is your **LEGAL** name: \_\_\_\_\_

Schedule Number	Course #	Course Title(s)		Credits	GD/UG
SA10047	SENGL1100	SAMPLE	SAMPLWriting	3	SAMPLE

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 <b>Mastercard, Discover, or VISA</b> :	
Card# _____	Exp.Date _____
Signature Authorizing Payment (For Mail Registration Only) _____	

<b>Total Due \$</b>
---------------------

**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—**