

**Graduate and Continuing Education
 Summer Session I and II 2017
Course A djustment Form
 Fax (508) 929-8100**



**WORCESTER
 STATE
 UNIVERSITY**

Deadline to submit form for Summer I is Fri. May 19th 2:00 p.m.
Deadline to submit form for Summer II is Mon. July 3rd 3:00 p.m.

(Any faxes date stamped after above date/time will not be processed by this office)

LAST NAME _____ FIRST NAME _____

DATE OF BIRTH _____ STUDENT ID # OR S.S. _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE NUMBER (____) _____ CELL HOME WORK

PLEASE ADD THE COURSE(S) BELOW

*Indicate which summer semester either S1 or S2

SEMESTER *	COURSE #	SECTION	COURSE TITLE	DAY	TIME
17/					
17/					
There is a limit of two (2) classes per semester in each Summer Session					

* _____ Date _____

*My signature above certifies that I have the pre-requisites to be added into the above course(s)

Pre-req taken at: _____ (please indicate name of institution)

PLEASE DROP THE COURSE(S) BELOW

*Indicate which summer semester S1 or S2

SEMESTER *	COURSE #	SECTION	COURSE TITLE	DAY	TIME
17/					
17/					

 Student Signature

 Date

Please enter payment information below if your schedule adjustment results in an outstanding balance.

*Check Payable to Worcester State University (for in person or mailed adjustments only) *Faxed checks not permitted †

Visa MasterCard Discover American Express

Cardholder's Name _____ Cardholder's Signature _____

Account Number: / / / Exp. Date: / Sec. Code: