FITCHBURG STATE COLLEGE
Graduate and Continuing Education

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

EVENING UNDERGRADUATE/GRADUATE/NON-DEGREE REGISTRATION FORM

☐Spring ☐Sum1 ☐Sum2 ☐Fall ☐Winter Year:_____

STUDENT INFORMATION

Full Legal Name: _____
Last Name First Name Middle Name

Permanent Address: _____
Street Address City State Zip Code

Is this a change of address since your last attendance? ☐ Yes ☐ No

Social Security Number: _____ **Date of Birth:** ____/____/____
Month Day Year

Home Phone #: _____ **Business Phone #:** _____

Cell Phone #: _____ **E-mail Address:** _____

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

Military Veterans: Please provide a copy of your form DD-214 to the Registrars Office in order to initiate any applicable benefits

FOR REPORTING PURPOSES

Race/Ethnicity:

Do you consider yourself to be Hispanic/Latino? ☐ Yes ☐ No

In addition, select one or more of the following racial categories to describe yourself.

☐American Indian or Alaskan Native ☐ Asian
☐Black, or African American ☐Cape Verdean
☐Native Hawaiian or Pacific Islander ☐ White
☐Other (please specify): _____

Gender: ☐Male ☐Female

Education Level Completed:
☐High School
☐Bachelor's Degree
☐Master's Degree

COURSE SELECTION

CRN	Course #	Course Title	Day/Time	Credits
30779	MGMT9170	Corporate Finance	M 6–8:30 pm	3

SAMPLE SAMPLE SAMPLE SAMPLE SAMPLE SAMPLE SAMPLE

TOTAL AMOUNT DUE

MASTERCARD, DISCOVER, AMERICAN EXPRESS OR VISA

Card #: Exp. Date:

CVV2 Security Code: Billing Street Number: Zip Code:

Signature Authorizing Payment:

OFFICE USE ONLY

ID: _____

Approval #: _____

registrationGCE 4/10

PLEASE RETURN TO THE OFFICE OF THE REGISTRAR

Fitchburg State College ■ 160 Pearl Street ■ Fitchburg, MA 01420 ■ (978) 665-4196 ■ Fax: (978) 665-4151