

Western New England College • Continuing Education Registration

Walk-in, phone, and fax registration available. Allow at least one week for mail-in registration.

1215 Wilbraham Road, Springfield, MA 01119-2684

TEL: 413-782-1249 or 1-800-325-1122, Ext. 1249

FAX: 413-782-1779

EMAIL: CE@wnec.edu

www.wnec.edu/CE

Fall Winter Spring Summer _____ Year

Name _____ Social Security # _____ Degree Program _____
last name first name m.i.

Home Address _____
street city state zip home phone email

Employer _____

Employer's Address _____
street city state zip work phone ext.

(Please circle any information above that is new since your last registration)

STUDENT CLASSIFICATION - SUMMER ONLY

1. I am already a WNEC student: new day evening graduate undergraduate Last semester attended _____ Ever dismissed from WNEC? _____

2. I am a student at _____
name of college or university other than Western New England College

3. Date and place of high school graduation: _____ Date, place, and title of highest earned college or university degree: _____

COURSE SELECTION

| Complete Course Number | Title | Credits | Days and Times |
|----------------------------------------|-------|---------|----------------|
| 1. _____ | _____ | _____ | _____ |
| 2. _____ | _____ | _____ | _____ |
| 3. _____ | _____ | _____ | _____ |
| 4. _____ | _____ | _____ | _____ |
| Total semester credits intended | | | _____ |

PAYMENT

Full tuition is due by the first class.

Cash with registration: \$ _____ Check with registration: \$ _____

Amount to be charged: \$ _____ Type of card (circle one): Visa Discover MasterCard American Express Account #: _____

Name on card: _____ Expiration date: _____ Signature for credit card _____

I certify that the information above is correct to the best of my knowledge, and that I have the prerequisites for each course.

Student's Signature _____ Date _____

Advisor's Signature _____ Date _____

Advisor's notes: _____

| | | |
|------------------------------|-------------------------------------|--------------------------|
| FOR OFFICIAL USE ONLY | | Enrollment status |
| Registration Complete: _____ | <input type="checkbox"/> Active | |
| Sent to SAS: _____ | <input type="checkbox"/> New | |
| Payment recorded: _____ | <input type="checkbox"/> Reactivate | |