



Western State College Extended Studies Registration Form
 206 Taylor Hall, Gunnison, CO 81231 phone: 943-2885 Fax: (970) 943-7068

Name: _____ WSC ID or Social Security# _____
 Last First Middle

Mailing Address: _____

City, State & Zip: _____

Phone Numbers: _____
 Home Cell Phone Work (or alternate number)

Email Address: _____ Date of Birth ____/____/____

How many credits are you currently enrolled in at WSC? _____ (if 18 or over you must complete an overload form)

Sex: M F U.S. Citizen: yes no

Do you have a bachelor's degree? Yes no

If no, have you taken courses towards a degree at WSC? ____yes ____no

How did you hear about the course(s)? Shopper Mailing Picked up schedule Web Instructor Friend

LIST THE COURSES YOU WISH TO ENROLL IN:					OFFICE USE ONLY				
CRN	# Credit		Course Title	FEE	Registered in Banner		Payment Processed		
					Date	Initial	Date	Initial	Receipt #
			TOTAL FEE						

Drop Refund Policy (for details on the refund policy consult the Ext. Studies schedule booklet)

Courses which meet weekly – Full refund if dropped by first class meeting, no refunds after 3rd class meeting
 Weekend courses – Full refund if dropped 2 weeks prior to start date. Refunds after this point, contingent upon wait-listed students.

Withdrawals – No refunds for withdrawals. See withdrawal deadlines in the schedule booklet.

PLEASE PAY FOR YOUR REGISTRATION

- Visa NAME ON CARD _____
- Master Card
- Discover CARD NUMBER _____
- Cash
- Check (Payable to Western State College) Expiration Date ____/____
- Financial Aid Ext. St Scholarship

Signature _____

FOR OFFICE USE ONLY			
Date _____	Refund \$ _____	Authorized _____	Processed Initials _____

Date _____

Refund _____

Initial _____