UMass | Dartmouth
Professional & Continuing Education

Course Name _____ Number & Section _____ Instructor _____ Start Date _____

What is your information?

_____
Name

_____
Home Address

_____
City / State / Zip Code

_____
Home Phone or Cell

_____
email

_____
School District

_____
Position

_____ - _____ - _____
Social Security # (for registration purposes)

_____ /_____/_____
Date of Birth

_____
UMass Student ID (if formerly registered at UMass Dartmouth)

Payment Options

☐ Please bill my school district. Send invoice to:

_____

Purchase Order # _____

☐ Cash

☐ Personal Check

☐ Credit Card: ☐ MasterCard ☐ Visa ☐ Discover

_____ _____
Card Number Exp.Date

_____
Signature

How much will this cost?

These prices for credit only

☐ **Regular Graduate Tuition $840** (plus college fee)
Reduced Tuition as follows *

☐ **Cooperating Teacher $333***
(A letter from UMD verifying cooperating teacher status must be attached to this form in order to receive this rate.)

☐ **Grant Funded Course $499***

☐ **SouthCoast Compact $678***
(A letter signed by your principal verifying your employment within an eligible school district must be attached to this form in order to receive this rate.)

Eligible SouthCoast Compact Towns:

Acushnet	Dartmouth	Fairhaven
Fall River	Freetown	Lakeville
Marion	Mattapoisett	New Bedford
Rochester	Seekonk	Somerset
Swansea	Wareham	Westport

Required Emergency Contact Information:

_____
Name

_____
Address

_____
City / State / Zip Code

_____
Home Phone or Cell

_____
Relationship to Student

For Office Use Only

Class # _____

Course # _____ Section # _____

Course term: _____

☐ Payment attached ☐ Letter attached

Entered by: _____ Date: _____

☐ Invoice Sent Date: _____

Upon completion of this form, please submit to CUSP, 200 Mill Road, Suite 150C, Fairhaven, MA 02719

CUSP CENTER FOR UNIVERSITY, SCHOOL AND COMMUNITY PARTNERSHIPS