UMass | Dartmouth

COMPLETE IN FULL AND RETURN WITH FULL PAYMENT TO:
University of Massachusetts Dartmouth
University Enrollment Center
285 Old Westport Road
North Dartmouth, Massachusetts 02747 OR FAX: 508.910.6420

DATE: ___ ___ ___ (Month Day Year)

Campus ID # ___ ___ ___ ___ ___ ___ ___ ___

SSN (if New Student): _____

Date of birth: ___ ___ ___

PLEASE PRINT

Name: _____ (Last First MI)

Home Address: _____ (Number Street)

_____ (City State Zip Code)

Home Phone: _____

EMAIL Address: _____

Emergency Contact Information:

Name: _____

Tel #: _____

The Freshmen Summer Institute (FSI) is a week long residential program for new College of Engineering students, running **August 3-8, 2008**. This program provides a bridge between high school and college, allowing students to brush upon subjects such as algebra, trigonometry, and geometry by seeing how these areas of study are used to solve engineering and science problems. They will also participate in workshops to gain experience in study skills, teamwork, leadership, and time management.

Thank you for your registration. You will be contacted in the very near future with detailed Institute information.

**CREDIT**

| Class # | Subject | Catalog # | Course Title | Credits | Approval | Permission # |
|---|---|---|---|---|---|---|
| | | | | | | |
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| | | | | | | |
| | | | | | | |

**NON-CREDIT**

| Class # | Subject | Course #-Sec # | Course Title |
|---|---|---|---|
| 3128 | EGR | 100-8101 | Freshmen Summer Institute |
| | | | |

Tuition: _____
Registration Fee: _____
Course Fee: _____
Health Insurance: _____
Campus Cntr Fee: n/a
Library Fee: _____
Program Fee: _____
Other: _____

Total Amount Due per **CREDIT** course: $

Total Amt Due per **NON-CREDIT** course: $300.00

**Please check form of payment below:**

Payment Attached: ☐ Cash ☐ Check (payable to *UMass Dartmouth*

☐ Visa
☐ MasterCard
☐ Discover

Card #: _____ Exp. Date: _____

_____
Authorized Signature

*********For Office Use Only*********

Comments: _____

WAIVER CODE: ___

TOTAL AMOUNT PAID: $

Entered By: _____ (INITIALS DATE)

Payment Received By: _____ (INITIALS DATE)