University of Massachusetts Dartmouth

COMPLETE IN FULL AND RETURN WITH PAYMENT TO:
University of Massachusetts Dartmouth
University Enrollment Center
285 Old Westport Road
North Dartmouth, Massachusetts 02747-2300

OR FAX TO: 508-910-6420

DATE ____ ____ ____ (Month Day Year)

Campus ID ____ ____ ____ ____ ____ ____ ____ ____

If previously registered under another name, please print alternate name ____

(Please Print)

Name ____ (Last) ____ (First) ____ (MI)

Home Address ____ (Number) ____ (Street)

____ (City) ____ (State) ____ (Zip code)

Home Phone ( ) ____

SSN: ____ IF NEW STUDENT

Employer Name ____

Your Position or Title ____

Business Telephone ( ) ____

Date of Birth ____ ____ ____ (Month Day Year)

☐ N non-veteran
☐ V veteran (requesting benefits)

☐ S single
☐ M married

☐ F female
☐ M male

☐ Foreign Student

Country of Citizenship ____

☐ 1 Amer.Indian/Alaskan Native
☐ 2 Asian/Pacific Islander
☐ 3 Black non-Hispanic
☐ 4 Hispanic
☐ 5 Cape Verdean
☐ 6 White non-Hispanic
☐ 7 Non Res. Alien
☐ 8 Other

Are you an accepted degree candidate at UMass Dartmouth? If yes, please check one of the following:

☐ Continuing Education

☐ Day School

Credit

Class#	Subject	Catalogue#	Course Title	Unit/Approval		Permission #
			TOTAL UNITS			

Non Credit

Class#	Subject	Catalogue#	Course Title	Unit/Approval		Perm #	Fee
							$
							$
							$
							$

☐ Fall ☐ Spring ☐ Summer ☐ Other ☐ Year

Tuition ____
Registration Fee ____
Course Fee ____
Health Ins ____
Program Fee ____
Campus Ctr Fee ____
Library Fee ____
Other ____

Total Amount Due Credit Courses $ ____

Total Amount Due Non-Credit Courses $ ____

Registration for courses is <u>not</u> an application for Degree Candidacy. See Student Services Office for information concerning degree programs.

Please check form of payment below:

Payment attached: ☐ Cash ☐ Check (payable to: UMD)
Financial Aid: ☐
AMS Payment Plan: ☐
Employer Payment: ☐
(Letter from employer MUST be attached)

☐ Visa
☐ MasterCard
☐ Discover

Card No. ____ Exp Date ____

____
Authorized Signature

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

Comments ____

WAIVER CODE ____

TOTAL AMOUNT PAID $ ____

Entered By ____ (INITIALS) (DATE)

Payment Received By ____ (INITIALS) (DATE)