UMass | 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

(Please Print)

DATE ____ ____ ____ (Month Day Year)

____ ____ ____ ____ ____ ____ ____ ____ (Campus ID)

If previously registered under another name, please print alternate name

Name _____ (Last First MI)

Employer Name _____

Home Address _____ (Number Street)

Your Position or Title _____

City _____ State _____ Zip code

Business Telephone ( )

Emergency Contact Information:
Name: _____
Tel# _____

Home Phone ( ) SSN (if New Student): _____ EMAIL Address: _____

Date of Birth ____ ____ ____ (Month Day Year)

- ☐ S single
- ☐ M married
- ☐ F female
- ☐ M male
- ☐ N non-veteran
- ☐ V veteran (requesting benefits)

- ☐ 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

☐ Foreign Student Country of Citizenship _____

Prior Education Completed:

- ☐ High School (Name): _____
- ☐ GED (Date of GED): _____
- ☐ College/Univ. Highest Degree: _____

School Name: _____

Have you previously attended UMass Dartmouth:
Yes: ☐ Fall ☐ Intersession ☐ Spring ☐ Summer
No: ☐

Have you previously applied for admission to UMass Dartmouth as a degree student? If yes, please check one of the following:

☐ Continuing Education Term: _____ ☐ Day School Term: _____

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

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

Please circle the one that applies:
Fall Winter Spring Summer Other Year _____

Check the one that applies:
_____ Day or _____ Evening

Tuition _____
Registration Fee $30.00
Course Fee _____
Health Ins _____
Program Fee _____
Campus Cntr Fee _____
Library Fee _____
Other _____

Total Amount Due Credit Courses $

Total Amount Due Non-Credit Courses $

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)