



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
Ph 508.999.8857

(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 ( ) Name: Emergency Contact Information: 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), 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, Day School

Table with columns: Class#, Subject, Catalogue#, CREDIT Course Title, Unit / Approval, Permission #, 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 circle the one that applies: Fall, Winter, Spring, Summer, Other, Year Check the one that applies: Day or Evening

Please check form of payment below: Payment attached: Cash, Check, Visa, MasterCard, Discover; Financial Aid; AMS Payment Plan; Employer Payment; Authorized Signature

Comments, Entered By (INITIALS, DATE), WAIVER CODE, TOTAL AMOUNT PAID, Payment Received By (INITIALS, DATE)