



UMass

Dartmouth

UNIVERSITY ENROLLMENT CENTER

Registration form

Instructions: Please complete this form and return it with your payment to the University Enrollment Center, 285 Old Westport Rd., North Dartmouth, MA 02747-2300.

Registration for [] Fall [] Winter [] Spring [] Summer year (mm / dd / yyyy) _____ [] night [] day

Today's date _____ 8 digit student ID No _____

Name (first, last, MI) _____

Name used for previous registration if different from above _____

Local Address _____ City/Town _____

State _____ Zip _____ Local Phone _____ email _____

Home phone _____ SSN (new student only) _____

Employer _____ email _____

Your position / title _____ business phone _____

Emergency contact name _____ relationship to you _____ phone _____

Date of birth (mm / dd / yyyy) _____ [] female [] male [] non-veteran [] veteran (requesting benefits)

Country of citizenship _____ Are you a permanent resident? [] yes [] no

Educational background

High school (name) _____ or GED (date received) _____

College / university (name) _____ highest degree earned _____

I previously attended UMass Dartmouth (mm / dd / yyyy) _____ [] Fall [] Winter [] Spring [] Summer

I previously applied to UMass Dartmouth (mm / dd / yyyy) _____ I applied to PCE (mm / dd / yyyy) _____

Credit courses

Table with 7 columns: Class #, Subject, Catalog #, Course title, Unit, Approval, Permission #

Non-credit courses

Table with 8 columns: Class #, Subject, Catalog #, Course title, Unit, Approval, Permission #, Fee

I certify that I meet the requirements: Prerequisites / degree status for all courses selected [] yes [] no



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Race and Ethnicity for US citizens and permanent residents

Are you Hispanic or Latino? yes no

Regardless of your answer to the above question, please check off all that apply below:

- American Indian or Alaska Native (Including all Original Peoples of the Americas)
- All other Asian Descent
- Native Hawaiian or Other Pacific Islander (Original Peoples)
- Cape Verdean
- African American
- Portuguese
- Asian from Indian subcontinent
- Other Black (Including Africa and Caribbean)
- White (Including Middle Eastern)

Payment

Please check form of payment below:

- Cash (delivered in person only)
- Check (payable to UMD) attached
- Visa
- MasterCard
- Discover

Credit card # _____ Exp date _____

Authorized signature _____

Other form of payment (Check any that apply)

- Financial Aid
- TMS payment plan
- Employer payment (Letter from employer **MUST** be attached)

For official use only

Fees	registration	Course	Health ins.	Program	Campus Ctr	Library	Credit tuition	Non-credit tuition	Total due
	\$	\$	\$	\$	\$	\$	\$	\$	\$

Official comments

Waiver code	Total Amount paid
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Entered by _____ date _____