

# UMass Boston / Vision Studies Program Summer 2015 Course Registration

Once you have filled out this form please print it out and then mail, email, or fax it in.

## PERSONAL INFORMATION

First, Middle initial, Last name \_\_\_\_\_  
Date of Birth (MM/DD/YY) \_\_\_\_\_  
Sex: Male Female \_\_\_\_\_  
Email Address \_\_\_\_\_  
Street Address \_\_\_\_\_  
City, State Zip \_\_\_\_\_  
Daytime Phone \_\_\_\_\_  
Evening Phone \_\_\_\_\_

### **Ethnic Survey Information** \_\_\_\_\_

- A. American Indian/Alaskan Native
- B. Black Non-Hispanic
- C. Asian or Pacific Islander
- D. Hispanic
- E. Non-resident Immigrant
- F. White Non-Hispanic

Student ID # (8 digits following "ums" in your Blackboard login name) \_\_\_\_\_  
Social Security # (optional if Student ID# is entered above) \_\_\_\_\_  
Are you a Massachusetts resident? Yes / No \_\_\_\_\_  
Have you taken courses at UMass Boston before? Yes / No \_\_\_\_\_

## COURSE SELECTIONS

<b>Class # (i.e.: 4511)</b>	<b>Department &amp; Catalog # (i.e.: VISN 603)</b>	<b>Course Title (i.e.: Braille I )</b>	<b>Credits (i.e. 3 or 4)</b>	<b>Course Fee (\$1200)</b>

(All fields for a course are required – Information on courses can be found at [www.nercve.org](http://www.nercve.org))

## METHOD OF REGISTRATION

\_\_\_ Mail \_\_\_ Fax \_\_\_ Email \_\_\_ Walk-in

## METHOD OF PAYMENT – **Registration is not complete until payment is received.**

Mark all that apply

- \_\_\_ I am paying by check *Make checks payable to UMass Boston. If you are registering by mail, send this form along with your check to: Laura Bozeman/Vision Studies UMass Boston 143/06 Wheatley Hall, 100 Morrissey Boulevard, Boston, MA 02125-3393*
- \_\_\_ I am paying in cash. *Once you have registered, you can make a cash payment at the Bursars Office (Campus Center, 4th floor) M-Th 8 am - 4:30 pm, F 8:00 am - 4:00 pm.*
- \_\_\_ I am using NERCVE grant money
- \_\_\_ Third Party or Outside Agency. (Attach Document) Name: \_\_\_\_\_
- \_\_\_ Other Please specify: \_\_\_\_\_

## CALCULATE FEES

\_\_\_ Course Fee Total

\_\_\_ Records Fee (\$10; required of non-matriculated students)

\_\_\_ **TOTAL to be paid**

\_\_\_\_\_

## MATRICULATED STUDENTS

\_\_\_ **I have checked my account in WISER and cleared all holds!**

## HEALTH INSURANCE WAIVER

1 week before courses begin, matriculated students must waive the Student Health Insurance Plan found at [http://www.healthservices.umb.edu/Waivers\\_pop.htm](http://www.healthservices.umb.edu/Waivers_pop.htm) .**Failure to waive this will result in a significant charge for healthier insurance.**