

SUBMIT IN TRIPLICATE

**UNIVERSITY OF MASSACHUSETTS BOSTON
PROGRAM FEE FORM**

Each degree-seeking graduate student is required to maintain continuous registration until the degree that the student is seeking has been formally awarded. If a graduate student does not register for course, thesis, or dissertation credits during any semester, the student must pay a program fee to maintain continuous registration. Payment of the program fee does not extend the time limit for completion of the degree.

\$175.00 FEE PER SEMESTER

NAME: _____
 LAST FIRST M I DATE

SOCIAL SECURITY NUMBER PROGRAM

Please check the semester/year for which you are paying and the reason for nonenrollment during that semester.

FALL _____ SPRING _____
 YEAR YEAR

REASON:

_____ Research _____ Comp Exam _____ Approved Leave of Absence
_____ Other (please specify) _____

Please indicate the month/year when you expect to resume enrollment or complete your degree requirements _____
 MONTH/YEAR

Graduate Program Advisor's Signature: _____

Send check or money order by the last day of the Add/Drop period for the semester in which you are paying to:
University of Massachusetts Boston
Graduate Admissions & Graduate Registrar's Office
100 Morrissey Blvd
Boston, MA 02125-3393