

UMass Boston / Vision Studies Program Fall 2016 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

Class # (Ex: 4511)	Department & Catalog # (Ex VISA 603)	Course Title (Ex: Braille I)	Credits (Ex 3 or 4)	Course Fee (\$1200)

(All fields for a course are required – Information on courses can be found at 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 Bayside 4th floor Rm 428, 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 Vision Studies grant money OSEP TVI OSEP O&M RSA
- ___ I am paying through Wiser

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 . **Failure to waive this will result in a significant charge for health insurance.**