

Special Enrollment Code _____	UNIVERSITY OF MASSACHUSETTS LOWELL Non – Degree Course Registration Form Returning students should register online at http://isis.uml.edu	Note: There is a \$30 non-refundable registration fee per semester
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Student ID/SSN#: 641-12-5612 Date of Birth: 10/14/1989 Male ☒ Male ☐ Female
 (SSN for New Students Only)
 Last Name: Crosson First Name: Amber Middle: Victoria
 Street: 12 Russell Road City: Somerville State: MA Zip: 02144
 Telephone: 214-531-3541 Cell Phone: _____ Email: vcrosson@mit.edu
 (important – please print clearly)

US Citizenship Status: <input checked="" type="checkbox"/> Native or Naturalized Citizen or <input type="checkbox"/> Permanent Resident (<i>holding a valid Alien Registration Card, Refugee or Asylum visa</i>) <input type="checkbox"/> Not a Citizen of the US		Residency: <input checked="" type="checkbox"/> Massachusetts Resident <input type="checkbox"/> Out of State
Race/Ethnicity: Are you Hispanic or Latino? <input type="checkbox"/> Yes, I am Hispanic or Latino <input checked="" type="checkbox"/> No, I am not Hispanic or Latino		Country of Citizenship: _____ Approved Visa: H1 <input type="checkbox"/> H4 <input type="checkbox"/> J2 <input type="checkbox"/> K-3 <input type="checkbox"/> L1 <input type="checkbox"/> L2 <input type="checkbox"/> TN <input type="checkbox"/> TD <input type="checkbox"/> <i>International Students living in the US may take only 1 online course per semester. Contact: International Students and Scholars Office at ISSO@uml.edu</i>

Please check one or more of the following groups in which you identify yourself as a member
☐ Asian ☐ American Indian or Alaskan Native
☐ Black or African American ☒ White
☐ Native Hawaiian or Pacific Islander

COURSES FOR WHICH YOU ARE REGISTERING - Please note that you are registering for a course(s) and are responsible for payment of tuition & fees. You will be sent notification of your bill to your UMass Lowell email account.

SEMESTER: <input checked="" type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer	YEAR: <u>2012</u>
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Subject · Catalog - Section	Course Title	Credits
<u>1 7 . 2 1 3 - 0 0 1</u>	<u>Electric Circuits I</u>	<u>3</u>
<u>9 0 . 2 6 7 - 0 6 1</u>	<u>C Programming</u>	<u>3</u>
<u>4 3 . 3 7 4 - 0 3 1</u>	<u>Stalin's Russia</u>	<u>3</u>
____ · _____ - _____	_____	_____
____ · _____ - _____	_____	_____

VERIFICATION OF BACCALAUREATE DEGREE - Only for students taking Graduate courses.

INSTITUTION:	MAJOR:	DEGREE EARNED:	DEGREE DATE:
_____	_____	_____	_____

By my signature I certify under penalty of perjury that the information above is accurate and complete:

Signature:  Date: 06/27/12

Please print and complete this form, then mail it or fax it to the University. Once you send in the registration form, please wait 48 hours to use the UMass iSiS system as stated on the checklist (page 2). Unless you receive a telephone call or email from the Registrar's Office, you have successfully registered for the courses requested on this form. All students must view their schedule using the "Student Self-Service" prior to the start of classes to ensure accuracy of registration.

NOTE: Please fax the completed form to: (978) 934-4076 or mail to: University of Massachusetts Lowell, Registrar's Office, Dugan Hall, Room 101, 883 Broadway Street, Lowell, MA 01854-5104. Call 1 (800) 480-3190 for assistance.

Students taking Graduate Management (MBA) courses must fax their registration form to: (978) 934-4017

Students taking courses online: Please go to <https://continuinged.uml.edu/login/> one business day after registration in order to check your access.