# UMass Boston / Vision Studies Program

Course Registration – Fall 2017

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

## 

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| --- | --- |
| 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:**   1. American Indian/Alaskan Native 2. Black Non-Hispanic 3. Asian or Pacific Islander 4. Hispanic 5. Non-resident Immigrant 6. White Non-Hispanic |

Student ID # (8 digits following "ums”):

Social Security #**:**

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 VISN 603)* | ***Course Title*** *(Ex: Braille I )* | ***Credits***  *(Ex: 1, 3 or 4)* | ***Tuition***  *($1,400)* |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

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

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

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:* Vision Studies-Registration UMass Boston *Bayside 4th floor, 100 Morrissey Boulevard, Boston, MA 02125-3393) FAX: 617-287-7727*

I am using Vision Studies grant money (check one):

OSEP TVI \_\_\_\_

OSEP O&M \_\_\_

RSA VRT \_\_\_\_\_

RSA O&M  **\_\_**

I am paying through Wiser (Y.N)**: (Refer to instructions from your advisor regarding payment dates)**

## 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 (Y/N):**

## 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****.*