# UMass Boston / Vision Studies Program

Course Registration – Spring 2017

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

##

|  |  |
| --- | --- |
| PERSONAL INFORMATIONFirst, 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****($1,200)* |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

(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)*

I am using Vision Studies grant money (check one) OSEP TVI \_\_ OSEP O&M \_\_or RSA (VRT or 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****.*