

COMPLETE IN FULL AND RETURN WITH PAYMENT TO EITHER:

University of Massachusetts Dartmouth Fall River Professional and Continuing Education 139 South Main Street

Fall River, Massachusetts 02721

University of Massachusetts Dartmouth University Enrollment Center 285 Old Westport Road North Dartmouth, Massachusetts 02747-2300

OR FAX TO: 508-678-1765 OR FAX TO: 508-910-6420													
DATE													
(Please Print)	,							Campus ID Employer Name				If previously registered under another name, please print alternate name	
Home Last First Address							MI Your Position or Title						
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Phone ()		SSN (if	New Stu	ident):				EMAI	L Addres	ss:		
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FYI: If yo	u are signing	g up for an	ONLI	NE cou	rse, you 1	must re	gister o	nline at	www.u	ımassd.	edu/onli	ne	
Class#	Subject (e#	NON	TOTAL U CRED Irse Title	NITS IT	Unit /	Appro			Fee \$ \$ \$	Tuition Registration Fee Course Fee Health Ins Program Fee Campus Cntr Fee Library Fee Other Total Amount Due Credit Courses Total Amount Due Non-Credit Courses	\$30.00
Registration										ces Offi	ce for in	formation concerning de	egree programs.
Please che Payment Financia AMS Pay Employe	eck form o	f paymer Cash MUST be at	nt belo Ch (payabl UMD)	DW: neck le to:	□ Visa □ Masto □ Disco	erCard over	Card N	No			Autho	Exp Date	
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