



UNIVERSITY of MASSACHUSETTS

INTERCAMPUS COURSE EXCHANGE POLICY
GRADUATE STUDENTS ONLY

REGISTRATION FORM

STUDENT INFORMATION

Last Name First Name M.I. Birthdate (mm/dd/yyyy) Social Security and/or Student ID Sex M/F Address City State ZIP Email Address Home Campus (indicate with an x) Amherst Boston Dartmouth Lowell Worcester

INTERNATIONAL STUDENTS

Country of Citizenship Type of VISA if not a U.S. Citizen Graduate Degree Program

COURSE INFORMATION

Course Title Course # / Section # Credits Year Offered Fall Spring Summer Campus OFFERING course (indicate with an x) Amherst Boston Dartmouth Lowell Worcester

Student's Signature Date: By signing this form, I certify that I have reviewed course pre-requisite/requirement information and that I will adhere to the policies/dates on home and host campuses for dropping courses without financial penalty.

FOR OFFICE USE ONLY:

APPROVAL SIGNATURES - HOME CAMPUS

HOME Campus - Graduate Program Dir. Date HOME Campus - Graduate Dean/Rep Date

Exchange Course Created Date

APPROVAL SIGNATURES - HOST CAMPUS

HOST Campus - Grad Program Dean/Rep Date Confirmed Student REGISTERED Date