TO

GRADUATE SCHOOL ADMISSIONS SECURE FAX
DATE: _________________________________
FAX NUMBER: 508 856-3480
NUMBER OF PAGES: _____________________

FROM

NAME: _______________________________________________________
CONTACT NUMBER: ____________________________________________

PLEASE BE SURE THE FOLLOWING IS INCLUDED OR APPLICATION WILL BE CONSIDERED INCOMPLETE AND WILL NOT BE ACCEPTED.

☐ Non Matriculation Student Information Form
☐ Non Matriculation Student Course Registration Form
☐ Government Issued Photo ID
☐ Proof of Social Security number (copy of social security card or W-2 form)
☐ If course requires permission include copy of e-mail from faculty member with approval

ONCE YOUR APPLICATION HAS BEEN RECEIVED YOU WILL RECEIVE A CONFIRMATION E-MAIL THAT YOUR REGISTRATION HAS BEEN ACCEPTED, YOU CAN THEN CONTINUE WITH THE PAYMENT PROCESS.

Payment Options once you receive e-mail confirmation:
• Call Bursar’s Office with credit card information – 1-877-210-2238 between the hours of 8:30am – 4:00pm EST Monday - Friday
• Mail payment to UMass Medical School, Bursar’s Office Room S1-802, 55 Lake Avenue North, Worcester MA 01655

IF YOU CHOOSE YOU CAN REGISTER AND PAY ON CAMPUS.
1. Bring all forms and ID’s with you to the Registrar’s Office Room S1-844.
2. Bring payment to the Bursar’s Office Room S1-802. Cash, Check and Credit Card payments are accepted.

ONCE YOUR REGISTRATION AND PAYMENT IS COMPLETE YOU WILL RECEIVE A CONFIRMATION E-MAIL FROM THE GRADUATE SCHOOL OF NURSING INFORMING YOU THAT YOU HAVE BEEN REGISTERED FOR THE CLASS.

If you have any question please contact the Graduate School of Nursing Admissions Office at 508 856-3488.
<table>
<thead>
<tr>
<th>Course #</th>
<th>Course Name</th>
<th>Day</th>
<th>Time</th>
<th>CR</th>
</tr>
</thead>
<tbody>
<tr>
<td>N551</td>
<td>Foundations of Critical Care Nursing</td>
<td>Wednesday</td>
<td>1:00pm – 4:00pm</td>
<td>3</td>
</tr>
<tr>
<td>1002</td>
<td>Attach permission of instructor approval e-mail</td>
<td>5/17</td>
<td></td>
<td></td>
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<tr>
<td>N623</td>
<td>Advanced Nursing Science: Identifying and Measuring Outcomes for Nurse Educators</td>
<td>Wednesday</td>
<td>4:30pm – 7:30pm</td>
<td>3</td>
</tr>
<tr>
<td>1011</td>
<td>Attach permission of instructor approval</td>
<td>5/17 – 7/19</td>
<td></td>
<td></td>
</tr>
<tr>
<td>N686</td>
<td>Advanced Practice Oncology Nursing</td>
<td>Tuesday</td>
<td>4:30pm – 7:30pm</td>
<td>3</td>
</tr>
<tr>
<td>1091</td>
<td>CANCELED</td>
<td>Hybrid</td>
<td>5/16 – 7/11</td>
<td></td>
</tr>
<tr>
<td>N632</td>
<td>Advanced Practice Palliative Care Nursing</td>
<td>Monday</td>
<td>4:30pm – 7:30pm</td>
<td>3</td>
</tr>
<tr>
<td>1090</td>
<td>CANCELED</td>
<td>5/15 – 7/19</td>
<td></td>
<td></td>
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<tr>
<td>N691</td>
<td>Contemporary Issues in Women’s Health</td>
<td>Tuesday</td>
<td>4:30pm – 7:30pm</td>
<td>3</td>
</tr>
<tr>
<td>1089</td>
<td>Hybrid (one Wednesday 7/12)</td>
<td>5/16 – 7/18</td>
<td></td>
<td></td>
</tr>
<tr>
<td>N804</td>
<td>Survey/Measure in Health Research</td>
<td>Tuesday</td>
<td>9:00am – 1:00pm</td>
<td>3</td>
</tr>
<tr>
<td>1016</td>
<td>Attach permission of instructor approval e-mail</td>
<td>5/16 – 7/18</td>
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<tr>
<td>N814</td>
<td>Genomics for Clinical Practice and Research</td>
<td>ONLINE</td>
<td>7:00pm – 10:00pm</td>
<td>3</td>
</tr>
<tr>
<td>1021</td>
<td>With three synch sessions on Tuesday nights</td>
<td>5/16 – 7/11</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NG519C</td>
<td>Nsg IV: Clinical Capstone Leadership and Management (course is open to PGO students)</td>
<td>Wednesday</td>
<td>9:00am 12:00pm</td>
<td>3</td>
</tr>
<tr>
<td>1033</td>
<td></td>
<td>5/31 – 7/19</td>
<td></td>
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</tbody>
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Signature of Student ______________________ Date ______________________

Payment Information

**FEE:**
- Registration Fee $30.00 per semester
- Course Fee: All “N” courses: In-State: $550.00/credit Out-of-State: $825.00/credit
- All “NG” courses: In-State: $800.00/credit Out-of-State: $1,060.00/credit

**FOR OFFICE USE ONLY**

Non Degree student information form received for registration

Initial Residency Date

Payment received by the Bursars Office

Initial Date

E-Mail Account Verification

Existing New Date
### UMass Worcester Graduate School of Nursing
#### 2017 Non-Matriculated Student Information Form

**Background Information (Please type or print clearly)**

<table>
<thead>
<tr>
<th>Last Name:</th>
<th>First Name:</th>
<th>Middle Name:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Date of Birth:</th>
<th>Gender</th>
<th>SS#:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>/</strong>/_______</td>
<td>☐ Male</td>
<td>☐ Female</td>
</tr>
</tbody>
</table>

Mo.  Day  Year

If you have ever been associated with UMass as a faculty, employee or student?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

If yes, list association:

**Permanent Address:**
- Street:
- City:
- State:
- Zip:
- Country:

**Current/Mailing Address**
- Street:
- City:
- State:
- Zip:
- Country:

**Telephone Number:**

**Email Address:**

**Cell Phone Number:**

Are you a U.S. Citizen?  ☐ Yes  ☐ No

If not, what is your country of citizenship?

Legal Resident State:

If not, what type of visa do you hold?

Is your visa:  ☐ Temporary  ☐ Permanent  ☐ (If permanent what state)

Ethnicity

<table>
<thead>
<tr>
<th>Hispanic</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

Race

<table>
<thead>
<tr>
<th>American Indian/Alaskan Native</th>
<th>Black</th>
</tr>
</thead>
<tbody>
<tr>
<td>Native Hawaiian or Pacific Islander</td>
<td>Asian</td>
</tr>
<tr>
<td>Hispanic</td>
<td>White</td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>

**FOR REGISTRARS OFFICE USE ONLY**

Positive ID documents received  

<table>
<thead>
<tr>
<th>Initial</th>
<th>Date</th>
</tr>
</thead>
</table>

Verification of SS# document received  

<table>
<thead>
<tr>
<th>Initial</th>
<th>Date</th>
</tr>
</thead>
</table>

Initial | Date |