

 UMass Worcester Graduate School of Nursing

 **Spring 2016 CE Course Registration Form**

NON-MATRICULATED STUDENT

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Last Name |  | First Name |   | Middle Name |  |
| Have you ever been associated with UMass as a faculty, employee or student?” | [ ]  Yes [ ]  No |

**Email Address: (please print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Course Information (Please Check) Course *offerings subject to change***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  **Course #** |  **Course Name**  | **Day**  | **Time** | **CR** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **N613**1005 | Advanced Pathophysiology | Wednesday*01/13 – 05/4* | 4:30 – 7:30 | 3 |
| **N614**1006 | Advanced Pharmacotherapeutics | Wednesday*01/13 – 05/04* | 4:30 – 7:30 | 3 |
| **N682**1125 | Advanced Practice Cardio Nursing II | Tuesdays*01/12 – 05/03* | 4:30 – 7:30 | 3 |
| **N691**1064 | Contemporary Issues in Women’s Health | Tuesdays*01/12 -05/03* | 4:30 – 7:30*(Blended)* | 3 |
| **N723**1035 | Quality & Safety in Health Care Organizations*(requires permission from instructor)* | Tuesdays*01/12 – 05/03* | 5:30 – 8:30 | 3 |
| **N815**1027 | Statistical Analysis of Data*(requires permission from instructor)* | Monday*01/18 – 05/2* | 5:00 – 8:00 | 3 |
| **N820**1117 | Essentials for Academic Health Educators | Tuesdays*01/12 – 05/03* | 1:00 – 4:00*(Blended)* | 3 |
| **N890**1083 | Advanced Statistical Analysis | Tuesdays*01/12 – 05/03* | 1:00 – 4:00 | 3 |

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**Signature of Student Date**

**Payment Information**

**FEE:** Registration Fee $30.00 per semester

 Course Fee: 600, 700 & 800 level courses: In-State: $500.00/credit Out-of-State: $750.00/credit

Non Degree student information form received by Registrar’s office \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

 Initial Residency Date

Payment received by the Bursars office \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

 Initial Date