

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***

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| --- | --- | --- | --- | --- |
| **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