



UMass Worcester Graduate School of Nursing  
Non-Matriculated Student Course Registration

# SECURE FAX COVER SHEET

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.



# UMass Worcester Graduate School of Nursing Non-Matriculated Student Course Registration

## 2017 Summer Course Offering

Last Name	First Name	Middle Name			
Course #	Course Name	Day	Time	CR	Choose Course X
<b>N551</b> 1002	<b>Foundations of Critical Care Nursing</b> Attach permission of instructor approval e-mail	Wednesdays	1:00pm – 4:00pm 5/17	3	
<b>N623</b> 1011	<b>Advanced Nursing Science: Identifying and Measuring Outcomes for Nurse Educators</b> Attach permission of instructor approval	Wednesdays Hybrid	4:30pm – 7:30pm 5/17 – 7/19	3	
<b>N686</b> 1091 <b>CANCELED</b>	<b>Advanced Practice Oncology Nursing</b>	Tuesdays	4:30pm – 7:30pm 5/16 – 7/11	3	
<b>N632</b> 1090 <b>CANCELED</b>	<b>Advanced Practice Palliative Care Nursing</b>	Mondays	4:30pm – 7:30pm 5/15 – 7/19	3	
<b>N691</b> 1089	<b>Contemporary Issues in Women's Health</b>	Tuesdays – Hybrid (one Wednesday 7/12)	4:30pm – 7:30pm 5/16 – 7/18	3	
<b>N804</b> 1016	<b>Survey/Measure in Health Research</b> Attach permission of instructor approval e-mail	Tuesdays	9:00am – 1:00pm 5/16 – 7/18	3	
<b>N814</b> 1021	<b>Genomics for Clinical Practice and Research</b> Attach permission of instructor approval e-mail	ONLINE With three synch sessions on Tuesday nights	7:00pm – 10:00pm 5/16 – 7/11	3	
<b>NG519C</b> 1033	<b>Nsg IV: Clinical Capstone Leadership and Management</b> (course is open to PGO students)	Wednesdays	9:00am 12:00pm 5/31 – 7/19	3	

\_\_\_\_\_  
**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)

Last Name:	First Name:	Middle Name:
Date of Birth: ____/____/____ Mo. Day Year	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	SS#: ____ -- ____ -- ____
Have you ever been associated with UMass as a faculty, employee or student?" <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list association:		
Permanent Address: Street: City: State: Zip: Country:		
How Long at Address:		
Current/Mailing Address Street: City: State: Zip: Country:		
Telephone Number:	Email Address:	
Cell Phone Number:		
Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No Legal Resident State: _____	If not, what is your country of citizenship? _____ If not, what type of visa do you hold? _____ Is your visa: Temporary <input type="checkbox"/> Permanent <input type="checkbox"/> (If permanent what state) _____	
<b>Ethnicity</b> Hispanic <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Race</b> <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Black <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> Other _____	

### FOR REGISTRARS OFFICE USE ONLY

Positive ID documents received

\_\_\_\_\_  
Initial

\_\_\_\_\_  
Date

Verification of SS# document received

\_\_\_\_\_  
Initial

\_\_\_\_\_  
Date