



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	
N551 1002	Foundations of Critical Care Nursing Attach permission of instructor approval e-mail	Wednesdays	1:00pm – 4:00pm 5/17	3		
N623 1011	Advanced Nursing Science: Identifying and Measuring Outcomes for Nurse Educators Attach permission of instructor approval e-mail	Wednesdays Hybrid	4:30pm – 7:30pm 5/17 – 7/19	3		
N686 1091	Advanced Practice Oncology Nursing	Tuesdays	4:30pm – 7:30pm 5/16 – 7/11	3		
N632 1090	Advanced Practice Palliative Care Nursing	Mondays	4:30pm – 7:30pm 5/15 – 7/19	3		
N691 1089	Contemporary Issues in Women’s Health	Tuesdays – Hybrid (one Wednesday 7/12)	4:30pm – 7:30pm 5/16 – 7/18	3		
N804 1016	Survey/Measure in Health Research Attach permission of instructor approval e-mail	Tuesdays	9:00am – 1:00pm 5/16 – 7/18	3		
N814 1021	Genomics for Clinical Practice and Research Attach permission of instructor approval e-mail	ONLINE With three synch sessions on Tuesday nights	7:00pm – 10:00pm 5/16 – 7/11	3		
NG519C 1033	Nsg IV: Clinical Capstone Leadership and Management (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			If not, what is your country of citizenship? _____					
Legal Resident State: _____			If not, what type of visa do you hold? _____					
			Is your visa: Temporary <input type="checkbox"/> Permanent <input type="checkbox"/> (If permanent what state) _____					
Ethnicity Hispanic <input type="checkbox"/> Yes <input type="checkbox"/> No			Race <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