UNIVERSITY OF MASSACHUSETTS

INTERCAMPUS COURSE EXCHANGE POLICY

-- Graduate Students Only --

REGISTRATION FORM

STUDENT INFORMATION

Last Name _____ First Name _____ MI _____

Birthday (mm/dd/yyyy) _____ Social Security and/or Student ID _____ Sex (M/F) _____

Address _____ City _____ State _____ Zip _____

Home Campus _____ Amherst _____ Boston _____ Dartmouth _____ Lowell _____ Worcester

International Students _____

Country of Citizenship Type of Visa if not a US Citizen

Graduate Degree Program _____

COURSE INFORMATION

Course Title _____ Course # / Section # _____ Credits _____

Year Offered _____ Fall _____ Spring _____ Summer _____

Campus Offering course _____ Amherst _____ Boston _____ Dartmouth _____ Lowell _____ Worcester

Student's Signature _____ Date _____

By signing this form, I certify that I have reviewed course pre-requisite/requirement information and that I will adhere to the policies/dates on home and host campuses for dropping courses without financial penalty. If I choose to drop the above course(s), I will submit the Intercampus Course Exchange Drop form to both home and host campus officials according to the official course drop deadline for the host campus.

FOR OFFICE USE ONLY

APPROVAL SIGNATURES – HOME CAMPUS

_____ _____

Home Campus – Grad. Prog. Dir. Date

_____ _____

Home Campus – Grad. Dean/Rep Date

Exchange Course Created _____

Date

APPROVAL SIGNATURES – HOST CAMPUS

_____ _____

Host Campus – Grad Program Dean/Rep Date

Confirmed Student Registered _____

Date