



**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 \_\_\_\_\_