

NAME Last Name First Name Initial SPIRE No./Net ID

MAILING ADDRESS Street Apt. No. City State ZIP Birthdate: MM/DD/YY

LOCAL TEL Area Code Country of Citizenship if other than U.S. G-Graduate M'-Male U'-Undergraduate F'-Female

UMass E-mail: _____ Non-UMass E-mail: _____

Have you enrolled previously at UMass Amherst? Yes No

Were you enrolled through Continuing & Professional Education? Yes No

Under what name? _____

Do you have a Bachelor's Degree? Yes No

Class No.	Dept. and Course No.	Title	Credits

COMPLETE ONLY **ONE** SET OF REQUIRED SIGNATURES, AS APPROPRIATE: (NO SIGNATURES REQUIRED FOR THESIS/DISSERTATION)

INDEPENDENT STUDY/PRACTICUM

UMass Faculty Sponsor Name *(please print)*

⇒ Signature, Date

Email Address, Telephone

Department

School/College Dean *(please print)*

⇒ Signature, Date

-- OR --

INTERNSHIP (through Internship/Career Services Office)

UMass Faculty Sponsor *(please print)*

⇒ Signature, Date

Email Address, Telephone

Faculty Sponsor's Department

Internship Office representative *(please print)*

⇒ Signature, Date