Independent Study Registration Form

UMASS AMHERST

Semester:

Registration & Records Office, Division of Continuing & Professional Education, University of Massachusetts Amherst, 100 Venture Way, Suite 201, Hadley, MA 01035-9430 phone: 413-545-3653 • fax: 413-545-0513

NAME LIIIIIIIIIIIIIIIII	L	UMass/SPIRE No.	
MAILING Street Street LOCAL TEL. Area Code OIT/UMail E-mail:	Apt. No. SSN Number Apt. No. SSN Number State ZIP itizenship if other than U.S. Non-OIT E-mail:	Birthdate: MM/DD/YY	BUSINESS OFFICE USE ONLY Speed Type Course Fee Registration Fee
Have you enrolled previously at the University of Massachusetts Amherst?			UWW Program Fee \$
Class No. Dept. and Course No. Title		Credits	Bill me through the Bursar's Office
COMPLETE ONLY ONE SET OF REQUIRED SIGNATURES, AS APPROP	RIATE: (NO SIGNATURES REQUIRED FOR TF	IESIS/DISSERIATION)	□ CK # Make check payable to: UMass Amherst Rec'd by:
UMass Faculty Sponsor Name (please print)	⇒ Signature , Date	Email Address, Telephone	Total rec'd:
Department	Dean's Designee Name/Title (please print)	⊏⇒Signature, Date	
	OR		
INTERNSHIP (through Internship/Career Services Office)			NOTE: Students under academic dismissal/suspension are not allowed to attend classes unless written approval is received from
UMass Faculty Sponsor (please print)	⇒Signature, Date	Email Address, Telephone	their Academic Dean. Anyone trespassed by the University must be cleared by the Public Safety Office before registering for courses.
Faculty Sponsor's Department	Internship Office representative (please print)	⇔Signature, Date	

Year: _

I understand that, by registering, default on payment of any fees will make me responsible for collection penalties.

🖒 Student Signature