



Office of the Registrar
University of Massachusetts Boston
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Boston, Massachusetts 02125-3393
617-287-6200, Fax 617-287-6242
www.registrar.umb.edu

GRADUATE STUDENT ADDITIONAL PROGRAM FORM

Students who are currently matriculated in a University of Massachusetts Boston graduate degree program, or who have completed a University of Massachusetts Boston graduate degree or certificate must complete this form. All other applicants must complete the graduate admissions application.

This form must be submitted to the Office of the Registrar with the required signatures one month prior to the beginning of classes for the semester indicated below.

APPLICATION FOR (enter program): ☐ DNP _____
☐ Master's _____
☐ PhD _____
☐ C.A.G.S. _____
☐ Certificate _____
☐ Other _____

Semester to Enroll: _____ Sem./Yr.

UMS #: _____

Name: _____
last first M.I. previous

Address: _____
street city state zip code

Phone Number: _____ Email: _____

☐ Check here if this address is different from when you last attended.

Most recent UMass Boston degree received and date: _____

If currently enrolled indicate program and expected date of completion:

Student Signature: _____

Graduate Program Director Approval Signature: _____

Registrar's Office Signature/Date: _____ / _____