



UNIVERSITY of MASSACHUSETTS
INTERCAMPUS COURSE EXCHANGE POLICY
GRADUATE STUDENTS ONLY

→ **REGISTRATION FORM** ←

STUDENT INFORMATION

Last Name _____ First Name _____ M.I. _____

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

Address _____

City _____ State _____ ZIP _____

Home Campus (indicate with an x) _____ *Amherst* _____ *Boston* _____ *Dartmouth* _____ *Lowell* _____ *Worcester*

INTERNATIONAL STUDENTS

Country of Citizenship _____ Type of VISA if not a U.S. Citizen _____

Graduate Degree Program _____

COURSE INFORMATION

Course Title _____ Course # / Section # _____ Credits _____

Year Offered _____ Fall _____ Spring _____ Summer _____

Campus OFFERING course _____ *Amherst* _____ *Boston* _____ *Dartmouth* _____ *Lowell* _____ *Worcester*
(indicate with an x)

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 notify both home and host campus officials in writing according to the official course drop deadlines on each campus.

FOR OFFICE USE ONLY:

APPROVAL SIGNATURES – HOME CAMPUS

APPROVAL SIGNATURES – HOST CAMPUS

HOME Campus – Graduate Program Dir. Date

HOST Campus – Grad Program Dean/Rep Date

HOME Campus – Graduate Dean/Rep Date

Confirmed Student **REGISTERED** _____
Date

Exchange Course Created _____
Date