# UMass Boston / Vision Studies Program

Course Registration – Fall 2019 Prof. Devel. CVI

Once you have filled out this form please print it out and then mail, email, or fax it in.

##

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| --- | --- |
| PERSONAL INFORMATIONFirst, Middle initial, Last name**:** Date of Birth (MM/DD/YY)**:** Sex: Male Female**:** Email Address: Street Address**:** City, State, Zip**:** Daytime Phone**:** Evening Phone**:**  | **Ethnic Survey Information:** 1. American Indian/Alaskan Native
2. Black Non-Hispanic
3. Asian or Pacific Islander
4. Hispanic
5. Non-resident Immigrant
6. White Non-Hispanic
 |

 Student ID # (8 digits following "ums”):

 Social Security #**:**

 Are you a Massachusetts resident? Yes / No**:**

 Have you taken courses at UMass Boston before? Yes / No**:**

## COURSE SELECTIONS

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***Class #*** *(Ex: 4511)* | ***Department & Catalog #*** *(Ex VISN 603)* | ***Course Title*** *(Ex: Braille I )* | ***Credits*** *(Ex: 1, 3 or 4)* | ***Tuition****($1,400)* |
|  15373 |  VISN 648 |  Introduction to CVI |  3 |  $1400 |
|  |  VISN 697 |  Vision and the Brain/Neurology |  3 |  $1400 |
|  |  |  |  |  |

(All fields for a course are required)

## METHOD OF PAYMENT – Registration is not complete until payment is received.

I am paying by check**:**  (*Make checks payable to UMass Boston. If you are registering by mail, send this form along with your check to:* Vision Studies-Laura Bozeman UMass Boston *Bayside 4th floor, 100 Morrissey Boulevard, Boston, MA 02125-3393) FAX: 617-287-7727*

## CALCULATE FEES

Courses x $1400 Total**:**

## TOTAL Tuition to be paid:

*Registration and payment must be received no later than August 23, 2019.*