# 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 INFORMATION First, 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.*