



Office of the Registrar
 University of Massachusetts Boston
 Campus Center, 4th Floor
 100 Morrissey Boulevard
 Boston, Massachusetts 02125-3393
 617-287-6200, Fax 617-287-6242
 www.umb.edu/registrar

**CERTIFICATE PROGRAM
 APPLICATION**

Admission to certain programs is on a selective basis, and student's prior records will be evaluated in the light of the requirements of the program that they wish to enter. Applicants may obtain complete information about admissions and degree requirements directly from the appropriate College, School or Program.

Note: Applicants may be required to submit additional information or other materials about themselves.

This application with the appropriate signature(s) must be returned to the Office of the Registrar by June 1st for Fall Semester; (return by April 1st is recommended so that the student may advance register) or by November 1st for Spring Semester admission.

**Please note: Gerontology Certificate has NO APPLICATION DEADLINE*

| | | |
|--|--|---|
| <u>PLEASE PRINT OR TYPE:</u> | | Date: _____ |
| Name: _____ | | Maiden Name: _____ |
| Social Security #: _____ | | Birth date: _____ Telephone #: _____ |
| Email Address: _____ | | Address: _____ |
| Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Other: _____ | | Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Certificate Program you wish to enter: _____ | | |
| Semester/Year to start program: <input type="checkbox"/> Fall <input type="checkbox"/> Spring Year: _____ | | <input type="checkbox"/> Veteran <input type="checkbox"/> Non-Veteran |
| Previous College Experience: _____ | | Are you currently in attendance? _ |

| | |
|--|--|
| You are not required to provide information about your ethnic origin, but your doing so will be of great help to the University's efforts to meet the needs of new students. | |
| <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> Non-Resident Alien |
| <input type="checkbox"/> Black (Non-Hispanic Origin) | <input type="checkbox"/> White (Non-Hispanic Origin) |
| <input type="checkbox"/> Asian/Pacific Islander | <input type="checkbox"/> Cape Verdean |
| <input type="checkbox"/> Hispanic | <input type="checkbox"/> Other |

Applicant should bring this form to the appropriate department for approval and return it to the Office of the Registrar.

Certificate Approval:

Authorized Signature: _____ (please print)

College or School Approved: _____ Date Approved: _____

Please Note: If you were/are still enrolled in a degree program at UMass Boston, please use the Change of Major, Minor, Program of Study Form in the Office of the Registrar.

Please fill out the residency form on the next page.

RESIDENCY FORM: This must be completed.

Part 1. Those who are residents of Massachusetts as defined by the regulations should fill this out.

I have read the [rules and regulations](#) governing the residency status of students for tuition purposes at the University of Massachusetts, and I hereby state that pursuant to these rules and regulations, I qualify as a Massachusetts resident for the following reason (check one)

- I am 18 years of age or more, and have resided continuously in the State of Massachusetts since (mo/yr) _____.
- I am under 18 and my parent(s) or guardian resides in Massachusetts.
- I am married and my spouse resides in Massachusetts.

If you are a permanent alien resident, please give your Alien Registration Number: _____
(attach a copy of the alien registration card)

Part 2. Those applicants who are not residents of Massachusetts as defined by the rules and regulations should fill this out.

I do not qualify for classification as a Massachusetts resident as defined in the rules and regulations governing the residency status of students for tuition purpose at the University of Massachusetts.

If you are a permanent alien, please give your Alien Registration Number: _____
(attach a copy of the alien registration card)

If you are a foreign student please indicate your visa status, and whether you presently hold that status or have applied for it.

F1 F2 J1 J2 Other: _____

- Presently holding this status
- Have applied for this status

The applicant must sign this application. If you are under eighteen and unmarried, a parent or guardian must also sign.

I certify that the information given on this application form is complete and accurate. I understand that making false or fraudulent statements on these registration forms could result in denial of approval, disciplinary action, and invalidation of credits or degrees earned. Should there be any change in the substance of the information given here, I will immediately notify the Office of the Registrar.

Signature of Applicant: _____ Date: _____

Signature of Parent or Guardian: _____ Date: _____