



Professional & Continuing Education New Student Application Undergraduate Degree Programs

Return with \$40 Application fee to:
University of Massachusetts Dartmouth
Student Enrollment Center
285 Old Westport Road
North Dartmouth, Massachusetts 02747-2300

Intended Semester of Entrance: Fall Spring Summer / 2008

Legal Name (Please Print) _____ Application Date:

Month	Day	Year

Home Address: Last _____ First _____ MI _____
Number _____ Street _____
City _____ State _____ Zip _____

Social Security Number:

--	--	--	--	--	--	--	--	--	--

Business Telephone () _____
Home Telephone () _____

If your transcripts are under another name or maiden name, please print alternate name: _____

Note: Upon officially enrolling into a course, you will be assigned a UMass Dartmouth email for University communication purposes.

Personal Email Address: _____

Date of Birth:

Month	Day	Year

 S single F female N non-veteran 1 Amer. Indian/Alaskan Native
 M married M male V veteran (requesting benefits) 2 Asian/Pacific Islander
3 Black non-Hispanic
4 Hispanic
5 Cape Verdean
6 White non-Hispanic
7 Other

Foreign Student Country of Citizenship _____

Educational Background:

List all high schools, colleges and post-secondary schools attended. The Rights of Privacy Act requires that you must arrange to have all official transcripts from each institution attended. Students who do not have a high school diploma must forward an official copy of the GED.

Name of High School: _____ City, State of High School: _____
Date of Completion of High School: _____ Date of Completion of GED (if applicable): _____

Colleges, University or Post Secondary Schools attended: (list most recent first) Highest Degree Held: _____

Name of School	City	State	Dates Attended

Applying for Success by Degree Program*: Yes No * This Tuition Scholarship is for recent Community College Graduates with a minimum GPA of 3.0. Eligible students will receive a 33% waiver of tuition for each course taken through PCE for up to four years and must maintain a 2.7 cumulative GPA at UMass Dartmouth Professional and Continuing Education.

Program of Study (must be selected below):

<p>College of Arts & Sciences</p> <p><input type="checkbox"/> History</p> <p><input type="checkbox"/> Liberal Arts</p> <p><input type="checkbox"/> Psychology</p> <p><input type="checkbox"/> Sociology: General Option</p> <p><input type="checkbox"/> Crime & Justice Studies</p> <p><input type="checkbox"/> Social Sciences/ Humanities (Undeclared) <small>(30 or less credits earned at this time)</small></p>	<p>Charlton College of Business</p> <p><input type="checkbox"/> Accounting</p> <p><input type="checkbox"/> General Business Admin.</p> <p><input type="checkbox"/> Human Resources Mgt. Option</p> <p><input type="checkbox"/> Business (Undeclared) <small>(30 or less credits earned at this time)</small></p>	<p>Degree Completion Programs</p> <p>Liberal Arts</p> <p><input type="checkbox"/> Cape Cod Community College</p> <p><input type="checkbox"/> Fall River Professional Center</p> <p><input type="checkbox"/> New Bedford Professional Center</p> <p>General Business</p> <p><input type="checkbox"/> Cape Cod Community College</p> <p><input type="checkbox"/> Fall River Professional Center</p>
---	---	--

Please answer the following: Will you be applying for Financial Aid? Yes No
Is this Application being completed for Financial Aid purposes ONLY? Yes No

Signature: _____ *I certify that the information furnished on this application is complete and accurate.*

Please keep a copy of this application for your records & follow the Admission Procedure form. \$40.00 application fee is required.

For Office Use Only

Comments: _____ Total Amount Paid \$

--

Entered By: _____ INITIALS _____ DATE _____

Payment Received By: _____ INITIALS _____ DATE _____

Created PS ID#: _____ *Effective Decembbber 2007*