



U N I V E R S I T Y O F M A S S A C H U S E T T S B O S T O N

DSP Confirmation Form

To confirm your spot as an entering student for the fall semester, please complete this form and return it to the Office of Undergraduate Admissions as soon as possible.

PLEASE PRINT.

Check here if this is a new address.

Name

Mailing Address

City

State

ZIP Code

Last four digits of your Social Security Number: |_|_|_|_|

Telephone Number: |_|_|_|_| — |_|_|_|_| — |_|_|_|_|_|