Dear Applicant:

Thank you for your interest in University of Massachusetts Boston’s **Marine and Coastal Ecological Research**. The program will run as follows: BIOL 306/506, July 15 – 28, 2018.

I am enclosing with this letter an application form that contains information regarding requirements for acceptance into the program. I recommend that you read it carefully and send it back to us as soon as possible since the number of students accepted into the program is limited. Your application will be reviewed as soon as we receive all of the necessary documents and information. Notification of decision will be sent to you promptly.

We anticipate a very successful program and look forward to having you as a participant. In the meantime, if you have any questions, you can reach the Program Director, Elizabeth Boyle, at 617-287-7440 or elizabeth.boyle@umb.edu. Elaine Sullivan, in the College of Advancing and Professional Studies, will also be happy to answer any questions you may have. She can be reached at 617-287-7915 or elaine.sullivan@umb.edu.

Cordially,

Wanda Willard
Director for Credit Programs

WCW/ems
Attachments

APPLICATION DEADLINE DATE: JUNE 1, 2018
APPLICATION FOR ADMISSION
Marine and Coastal Ecological Research

NAME:__________________________________________AGE:________SEX:________

SOCIAL SECURITY NUMBER:____________________DATE OF BIRTH:________

MAILING ADDRESS:________________________________________UNTIL:________

E-MAIL ADDRESS__________________________________________

TELEPHONE H:____________________W:____________________

HOME ADDRESS:__________________________________________

PERSON TO CONTACT IN CASE OF EMERGENCY:__________________________

ADDRESS:__________________________________________

TELEPHONE H:____________________W:____________________

E-MAIL ADDRESS__________________________________________

NAME OF INSTITUTION PRESENTLY ATTENDING:__________________________

MATRICULATED?: YES:_____NO:_____ 

MAJOR:________________________PRESENT CLASS STANDING: (fresh/soph/jr/sr):____

CUMULATIVE AVERAGE ON 4.0 SCALE:__________________________________________

HEALTH INSURANCE INFORMATION - PLEASE NOTE: You **must** show proof of Health Insurance during your stay on Nantucket.

INSURANCE COMPANY:________________________________POLICY NUMBER:____________________

APPLICATION DEADLINE: JUNE 1, 2018

**Because of space limitations, students are encouraged to apply as soon as possible. Applications will be considered in the order in which they are received.
APPLICATION FOR ADMISSION
Marine and Coastal Ecological Research

COURSE TAKEN
Please list the courses you have taken:

STATEMENT OF INTEREST
Please write a brief statement of interest including relevant experience:
APPLICATION FOR ADMISSION  
Marine and Coastal Ecological Research

TRAVEL ARRANGEMENTS
Program participants are responsible for making their own travel arrangements to and from Nantucket Island. Information on ferries will be provided.

TERMS AND CONDITIONS

PAYMENT OF FEES:

<table>
<thead>
<tr>
<th>Course</th>
<th>Fee*</th>
</tr>
</thead>
<tbody>
<tr>
<td>BIOL 306</td>
<td>$1,710</td>
</tr>
<tr>
<td>BIOL 506</td>
<td>$2,200</td>
</tr>
</tbody>
</table>

THE APPLICATION DEADLINE IS June 1, 2018.

The total program fee* covers classroom instruction and housing on Nantucket. It does not cover meals, or transportation to and from Nantucket Island.

The University of Massachusetts Boston cannot assume responsibility for any sickness or accident incurred by the student during his or her stay on Nantucket Island, nor does the University provide any casualty or health insurance. Participants are required to provide proof of health insurance coverage before registering for the program.

I, ________________________________ (APPLICANT) HEREBY APPLY TO UMASS BOSTON FOR A RESERVATION IN THE MARINE AND COASTAL ECOLOGICAL RESEARCH PROGRAM.

I UNDERSTAND THAT PARTICIPATION IN THIS PROGRAM IS GOVERNED BY THE ABOVE TERMS AND CONDITIONS TO WHICH I CONSENT TO BE BOUND.

SIGNATURE OF THE APPLICANT: ________________________________

SIGNATURE OF THE PARENT OR GUARDIAN: ________________________________

(If applicant is under 18)

PLEASE RETURN THE COMPLETED APPLICATION TO:

Elizabeth Boyle
elizabeth.boyle@umb.edu

*Please note: the fee does not cover meals, books, insurance, or travel to and from Nantucket Island.