Important Registration Checklist

- Current nursing license
- Government issued photo ID
- Transcript from the institution which awarded your BSN or MSN.

Residency Information

Part I: This should be filled out by those applicants who are residents of Massachusetts as defined by the rules and regulations. I have read the rules and regulations governing the residency status of students for tuition purposes at the University of Massachusetts and hereby state that pursuant to these rules and regulations, I qualify as a resident of Massachusetts for the following reasons (check one):

- I am 18 years of age or more, am a U.S. citizen or green card holder, and have resided continuously in Massachusetts since (month/year) _______/_______
- I am under 18, and my parent or legal guardian has resided in Massachusetts since (month/year) _______/_______
- I am married, and my spouse has resided in Massachusetts since (month/year) _______/_______
- If you are a permanent alien resident, please give your Alien Registration Number and a copy of both sides of your card.

Part II: This should be filled out by those applicants who are not residents of Massachusetts, as defined by the rules and regulations.

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

Ethnic Survey Information. Please select appropriate letter.

- American Indian/Alaskan Native
- Black (Non-Hispanic)
- Asian or Pacific Islander
- Hispanic
- Non-resident Immigrant
- White (Non-Hispanic)
- Other

Emergency Contact Information:

- Emergency Contact: ____________________________
- Phone #: ____________________________
- Address: ____________________________
- Relationship to Student: ____________________________

Important Note: This information is required. An Administrative Hold will be applied to student registrations until Emergency Contact information is provided.

Method of Registration

- Mail
- Walk-in
- Email: postmasternp@umb.edu

For Post Master's Certificates:
College of Nursing & Health Sciences
UMass Boston
100 Morrissey Boulevard
Boston, MA 02125-3393

For MSN or Doctor of Nursing Practice Degree:
Attn: Jocelyn Burke
College of Nursing and Health Sciences
UMass Boston
100 Morrissey Blvd
Boston, MA 02125
jocelyn.burke@umb.edu

Calculate Total for Semester

Enter Course & Lab Fees Total
Service Fees
(not applicable if only taking online courses)
Records Fee
*non-matriculated students only

FINAL TOTAL

Payment Information

After you are officially enrolled in the course(s) you selected, a bill will be generated. More information regarding payment for courses will be forthcoming along with notification of official registration.

Payment By Outside Agency

If charges are to be paid by an outside agency, a payment authorization from that agency is required. Students are reminded that they are liable for course and service fees in the event that the sponsoring agency does not pay them.

For Registrar Use Only:
Staff Initials __________________
Postmark Date ________________