

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
Email: readmit@umb.edu
www.registrar.umb.edu

GRADUATE PROGRAM FEE FORM

Name:				UMS #:
	last	first	M.I.	
Program:				
Please check	the semester/ye	ear for which you ar	e paying and the	reason for non-enrollment during
that semester	:			
Fall:				
Spring: _	yr.			
Reason:				
Research	1			
Comp Ex	am			
Other (pl	lease specify):			
the student is so or dissertation wiser.umb.edu	seeking has been credits during a and enroll for Ca	formally awarded. If ny semester, the stud	a graduate studen lent must be on pro designated for you	ous registration until the degree that t does not register for course, thesis, ogram fee status. You should go to our graduate program or fill out this
form. You will		e a Graduate Readmis		ous semester(s), do not use this ound on our forms page:
Signature:				Date: