



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
 www.umb.edu/registrar

CERTIFICATE PROGRAM APPLICATION

Instructions:

- If you were/are still enrolled in a degree program at UMass Boston, please use the **Change of Major, Minor, Program of Study Form in the Office of the Registrar.**
 - Admission to certain programs is on a selective basis, student's prior records will be evaluated in the light of the requirements of the program that they wish to enter.
 - Applicants may obtain complete information about admissions and degree requirements directly from the appropriate College or Program.
 - This application with an unofficial transcript must be returned to the Office of the Registrar by **June 1st** for Fall Semester (return by **April 1st** is recommended so that the student may advance register) or by **November 1st** for Spring Semester.
 - *International Students need to contact Office of Global Programs, located at the Campus Center, Second Floor, Room 2100 or 617-287-5586 for new I-20 information*
- *Please note: Gerontology Certificate has NO APPLICATION DEADLINE*

Section A **Students: Complete Section A, B and C**

Name: _____ Maiden Name: _____

Social Security #: _____ Birth date: _____ Telephone #: _____

Email Address: _____ Address: _____

Marital Status: Single Married Other: _____ Sex: Male Female

Certificate Program you wish to enter: _____

Semester/Year to start program: Fall Spring Year: _____ Veteran Non-Veteran

Previous College Experience: _____ Are you currently in attendance? _____

You are not required to provide information about your ethnic origin, but your doing so will be of great help to the University's efforts to meet the needs of new students.

American Indian/Alaskan Native Non-Resident Alien Asian/Pacific Islander
 Black (Non-Hispanic Origin) White (Non-Hispanic Origin) Hispanic
 Cape Verdean Other

Section B **Disciplinary History**

If you are **NOT** currently enrolled at the university, complete this section :

-Have you been found responsible for a disciplinary violation at any educational institution you have attended, whether related to academic misconduct or behavioral misconduct that resulted in your probation, suspension, removal, dismissal, or expulsion from the institution? Yes No

-Have you been adjudicated guilty or convicted of a misdemeanor, felony, or other crime? Yes No

Note that you are not required to answer "yes" to this question, or provide an explanation, if the criminal adjudication or conviction has been expunged, sealed, annulled, pardoned, destroyed, erased, impounded, or otherwise ordered by a court to be kept confidential.

- If you check 'No' to both Disciplinary History questions, submit to the One stop or Registrar's Office.
- If you check 'Yes' to either or both questions, attach a separate sheet of paper that gives the approximate date of each incident, explains the circumstances, and reflects on what you learned from the experience.
- Submit this form and your statement to the Registrar's office, Campus Center, 4th Floor, 100 Morrissey Blvd, Boston, Massachusetts 02125. After review, your application will be forwarded to the appropriate department. You will be notified if there are any issues with your application.

_____ Approved By Registrar

Section C**Residency****Part 1. Those who are residents of Massachusetts as defined by the regulations should fill this out.**

I have read the [rules and regulations](#) governing the residency status of students for tuition purposes at the University of Massachusetts, and I hereby state that pursuant to these rules and regulations, I qualify as a Massachusetts resident for the following reason (check one)

- I am 18 years of age or more, and have resided continuously in the State of Massachusetts since (mo/yr) _____.
- I am under 18 and my parent(s) or guardian resides in Massachusetts.
- I am married and my spouse resides in Massachusetts.

If you are a permanent alien resident, please give your Alien Registration Number: _____
(attach a copy of the alien registration card)

Part 2. Those applicants who are not residents of Massachusetts as defined by the rules and regulations should fill this out.

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

If you are a permanent alien, please give your Alien Registration Number: _____
(attach a copy of the alien registration card)

If you are a foreign student please indicate your visa status, and whether you presently hold that status or have applied for it.

F1 F2 J1 J2 Other: _____

Presently holding this status Have applied for this status

The applicant must sign this application. If you are under eighteen and unmarried, a parent or guardian must also sign.

I certify that the information given on this application form is complete and accurate. I understand that making false or fraudulent statements on these registration forms could result in denial of approval, disciplinary action, and invalidation of credits or degrees earned. Should there be any change in the substance of the information given here, I will immediately notify the Office of the Registrar.

Signature of Applicant: _____ Date: _____

Signature of Parent or Guardian: _____ Date: _____

For Office Use**Certificate Approval:**

Authorized Signature: _____ Name: _____
(Please print)

College or School Approved: _____ Date Approved: _____