

Last Name	First	Middle
Mailing Address: Street		
City	State	Zip Code
Residence Phone (with Area Code)	Former Name (if applicable)	
Cell / Work / Other Phone (with Area Code)	Special Needs (Describe and submit ADA form located in registration packet.)	
MassArt ID Number	Date of Birth	Male / Female
E-mail Address		

*** To change address, e-mail, emergency or other contact information, submit a Change of Address form. Addresses will not be updated from registration forms.**

MassArt Summer 2008

GRADUATE & CONTINUING EDUCATION

Registration Form

Graduate & Post-bac. Programs:

Select Program: MSAE MFA major _____

Post-bac: TPP CP-DMI

Advisor Signature _____

I have read and agree to the GCE Refund Schedule below.

Student Signature _____

Date _____

Credit Level: U = Undergraduate, G = Graduate

Course Number	Section Code	Course Title	Instructor	Credit Level	# of Credits	Course Fee

Graduate students use the rows below to indicate Day School or Continuing Education (CE) courses attended, but re-written as independent or directed studies for graduate credit.							
Attending: Course # / Section	Indicate whether Day or (CE) Continuing Ed. Original Course Title	Registered As: Indp/Dir Study Title	Attach Independent / Directed Study Form Instructor	Registered As: Course # / Section	Cred. Level	# of Credits	Course Fee

Refund Policy for 3-4 credit courses: 100% of the course fee when dropped by the Graduate Add/Drop Deadline.

Refund Policy for Workshops and less than 3-credit courses: 100% when the workshop or course is dropped at least one week prior to the first scheduled meeting. **Independent/Directed Studies Refund Schedule:** 100% before the first meeting date, and no later than the Graduate Add/Drop Deadline. **Drops must be submitted in writing: walk-in, fax or e-mail.**

Registration and Payment are received subject to correction and according to the terms as set forth in the current DGCE Catalog.

Course Fee Total \$ _____

Health Insurance \$ _____

Students taking 9 or more credits **must** provide a Health Insurance Decision Form each year to request or to waive MassArt sponsored health insurance. Waiver forms are **not** carried forward from prior years.

TOTAL \$ _____

P A Y M E N T

P A Y M E N T V I A L O A N

To Pay with a MasterCard or Visa credit card, pay online at www.paybill.com/massart. Check this box if you plan to pay via a loan.

Use your 7-digit MassArt ID # including the zero(s) at left of number, and indicate amount owed. Checks may also be used for online payment. After the billing date specified in the registration packet, make payment online or attach a check or money order payable to Massachusetts College of Art.

For Office Use Only

ID#	Registered By	Check #	Bank #	Check Amount
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