



**UNIVERSITY of MASSACHUSETTS**  
**INTERCAMPUS COURSE EXCHANGE POLICY**  
**GRADUATE STUDENTS ONLY**  
**→ REGISTRATION FORM ←**

**STUDENT INFORMATION**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_

Birthdate \_\_\_\_\_ (mm/dd/yyyy) Social Security and/or Student ID \_\_\_\_\_ Sex M/F \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Home Campus (indicate with an x) \_\_\_\_\_ *Amherst* \_\_\_\_\_ *Boston* \_\_\_\_\_ *Dartmouth* \_\_\_\_\_ *Lowell* \_\_\_\_\_ *Worcester*

INTERNATIONAL STUDENTS \_\_\_\_\_

Country of Citizenship \_\_\_\_\_ Type of VISA if not a U.S. Citizen \_\_\_\_\_

Graduate Degree Program \_\_\_\_\_

**COURSE INFORMATION**

Course Title \_\_\_\_\_ Course # / Section # \_\_\_\_\_ Credits \_\_\_\_\_

Year Offered \_\_\_\_\_ Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_

Campus OFFERING course \_\_\_\_\_ *Amherst* \_\_\_\_\_ *Boston* \_\_\_\_\_ *Dartmouth* \_\_\_\_\_ *Lowell* \_\_\_\_\_ *Worcester*  
 (indicate with an x)

Student's Signature \_\_\_\_\_ Date: \_\_\_\_\_

By signing this form, I certify that I have reviewed course pre-requisite/requirement information and that I will adhere to the policies/dates on home and host campuses for dropping courses without financial penalty. If I choose to drop the above course(s), I will submit the Intercampus Course Exchange Drop form to both home and host campus officials according to the official course drop deadline for the host campus.

**FOR OFFICE USE ONLY:**

**APPROVAL SIGNATURES – HOME CAMPUS**

**APPROVAL SIGNATURES – HOST CAMPUS**

\_\_\_\_\_  
*HOME Campus* – Graduate Program Dir. Date

\_\_\_\_\_  
*HOST Campus* – Grad Program Dean/Rep Date

\_\_\_\_\_  
*HOME Campus* – Graduate Dean/Rep Date

Confirmed Student **REGISTERED** \_\_\_\_\_

\_\_\_\_\_  
 Date

Exchange Course Created \_\_\_\_\_  
 \_\_\_\_\_  
 Date