



**REGISTRATION FORM**

UMASSGLOBAL ID IF APPLICABLE:

FIRST NAME	LAST NAME	MIDDLE INITIAL
ADDRESS		DATE OF BIRTH
CITY	STATE	ZIP
PRIMARY EMAIL ADDRESS		PHONE NUMBER

**COURSE INFORMATION**

SELECT	COURSE TITLE
<input checked="" type="checkbox"/>	MATU 099 Intermediate Algebra

**METHOD OF PAYMENT** *(Check one)*

<input type="checkbox"/> Check (Enclosed) <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Discover <input type="checkbox"/> AMEX <span style="float: right;">Tuition: \$525</span>		
NAME ON CARD	CARD NUMBER	EXPIRATION DATE
SIGNATURE		DATE

**BY MAIL:** Make checks payable to UMass Global and send to:  
UMass Global - Extended Education  
16355 Laguna Canyon Road, Irvine, CA 92618

**BY SECURE FAX:** Send a completed registration form  
and credit card information to (949) 754-1337

FOR OFFICE USE ONLY	UMASS GLOBAL ID:
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