



UNIVERSITY OF MEDICINE AND DENTISTRY OF NEW JERSEY

BIOPHARMA EDUCATIONAL INITIATIVE

An Industry and University Collaboration

Course Registration Form

IDENTIFYING INFORMATION

Today's Date: _____

Full Legal Name: Last _____ First _____ MI _____

Previous Legal Names: _____

Social Security or UMDNJ Student ID # _____

Permanent Street Address _____ If NJ Resident, County _____

City _____ State _____ Zip _____ Country _____

Email Address (Please print clearly) _____

Phone #'s: Home ____/____/____ Business ____/____/____ Fax ____/____/____ Cell ____/____/____

Mailing Address _____

City _____ State _____ Zip _____

Program of Interest _____ Academic Term: Fall 20__ Spring 20__ Summer 20__

Gender: Male Female

Birth Date: _____

Part I – Ethnicity

Select one: Hispanic or Latino
 Not Hispanic or Latino

Part II - Race

Select one or more: American Indian or Alaskan Native
 Asian
 Black or African American
 Native Hawaiian or other Pacific Islander
 White

CITIZENSHIP

US Citizen: Yes No Refugee Permanent Resident Alien Reg. Number _____ Exp. Date _____

CRN	COURSE CODE	SECTION	TITLE	CREDITS
EXAMPLE: 18001	BDHE6000	00W	BioPharma Course	3

Please See Reverse for Tuition Schedule

Amount Enclosed \$ _____

METHOD OF PAYMENT

Check/Money Order (please write reference number)

Credit Card Please Charge: _____

MasterCard Visa Amex Discover

(card number)

(Exp. Date)

(Signature)

Are you currently enrolled in any UMDNJ School? No Yes
If Yes, which school/program?

TUITION SCHEDULE
FALL 2008 through SUMMER 2009
TOTAL PAYMENT MUST BE SUBMITTED WITH REGISTRATION
 Billing Services are **NOT** Available

HOW TO REGISTER

BY MAIL: Send completed form, with Credit Card Information, Check or Money Order payable to:
UMDNJ-Biopharma Educational Initiative, 65 Bergen Street, SSB 171, Newark NJ 07107-3001

BY FAX: FAX completed form with credit card information to **(973) 972-5572**

BY WEB: Registrants may complete an on-line registration at www.umdj.edu/ccoe/biopharma

ALL STUDENTS MUST:

- o Supply your **E-MAIL** address
- o Submit this form with **TOTAL** payment

If you are taking a WEB-based course you will receive information, prior to the start of course, with instructions on accessing WEB CT.

TUITION

The following tuition rate is in effect for Fall 2008 through Summer 2009 terms. UMDNJ reserves the right to change tuition and/or fees at any time.

Please note that if you are already enrolled as a *student of UMDNJ*, your tuition and fees are based upon your school's rates for the Academic Year 2008-2009.

BIOPHARMA CORPORATE RATE:

TUITION	\$850.00/credit <i>(Technology, Registration & Student Fees included)</i>
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Tuition (Credit Rate x Number of Credits) \$ _____

TOTAL..... \$ _____

Questions?? – Call UMDNJ- Biopharma Educational Initiative at (973) 972-6482/1856
MAKE A DUPLICATE COPY OF THIS COMPLETED FORM FOR YOUR RECORDS