



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 \_\_\_\_\_

Ethnicity: Black Cuban Mexican Caucasian Other Hispanic Asian/Pacific Islander
Puerto Rican/Commonwealth Puerto Rican /Mainland Native American/Alaskan Other

CITIZENSHIP

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

Country of Citizenship (If not U.S.) \_\_\_\_\_ Place of Birth: City/Prefecture \_\_\_\_\_

Visa Classification (Circle one): B1 B2 B1/B2 F1 F2 J1 H1 H4 TN Other \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Table with 5 columns: CRN, COURSE CODE, SECTION, TITLE, CREDITS. Includes an example row with values 18001, BDHE6000, 00W, BioPharma Course, 3.

Are you currently enrolled in any UMDNJ School? No Yes
If Yes, which school/program?
• If you take 9 credits and above or any clinical experience, the following are required:
o Immunizations
o Criminal background check
o Health insurance

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) \_\_\_\_\_

**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](http://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:**

<b>TUITION</b>	\$850.00/credit <i>(Technology, Registration &amp; Student Fees included)</i>
----------------	--

---

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**