



**UNIVERSITY OF MEDICINE AND DENTISTRY OF NEW JERSEY
BIOPHARMA EDUCATIONAL INITIATIVE**

An Industry and University Collaboration

Certificate and Non-Matriculated Student Course Registration Form

IDENTIFYING INFORMATION

Today's Date: _____

Full Legal Name: Last _____ First _____ MI _____

Previous Legal Names: _____

Social Security # or UMDNJ Student ID # if previous student _____

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 _____

Certificate of Interest: ___ Recruitment Sciences ___ Clinical Trial Informatics ___ Regulatory Affairs ___ Non-Matriculated

Academic Term: Fall 20 ___ Spring 20 ___ Summer 20 ___

***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 Gender: ___ Male ___ Female Birth Date: _____

**Responses to these questions are voluntary and will be kept confidential. Failure to furnish this information will not adversely affect the status of this application*

SUBJECT	COURSE #	SECTION	TITLE	CREDITS
EXAMPLE BPHE	6000P	00W	Biopharma Course	3

Please See Reverse for Tuition Schedule

Amount Enclosed \$ _____

Method of Payment

Check/Money Order (please write reference #) _____

Credit Card Please Charge:

___ MasterCard ___ Visa ___ Amex ___ Discover

Card Number _____ Exp. Date _____

Signature _____

TUITION SCHEDULE FALL 2009 through SUMMER 2010 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: **For your convenience we will accept forms via a FAX.** FAX completed form with credit card information to **(973) 972-5572**. To speak to a staff member, contact 973 972-6482/2856

ALL STUDENTS MUST:

- o Supply your **E-MAIL** address or contact number
- o Submit this form with **TOTAL** payment or credit card information

You will receive confirmation that your registration has been received and a letter instructing you on how to enter the UMDNJ web system.

TUITION

The following tuition rate is in effect for Fall 2009 through Summer 2010 terms. UMDNJ reserves the right to change tuition and/or fees at any time.

BIOPHARMA EDUCATIONAL INITIATIVE RATE: TUITION \$850.00/credit

(Technology, Registration & Student Activity Fees included)

Tuition (Credit Rate x Number of Credits) \$

TOTAL..... \$

Questions?? – Call UMDNJ-Biopharma Educational Initiative at (973) 972-6482/1856