REGISTRATION REQUEST FOR GRADUATE CREDIT

Non-degree students

Return form: CARLA Summer Institute participants: Please email form to Karin Larson at larso205@umn.edu.

By mail to:

Office of the Registrar University of Minnesota, Twin Cities 160 Williamson Hall 231 Pillsbury Dr. SE Minneapolis, MN 55455-0252

On campus to:

160 Williamson Hall By fax to: 612-625-4351

By email to: otr@umn.edu

Questions?

Phone: 612-624-1111

TTY (hearing-impaired): 612-626-0701

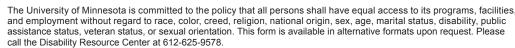
Email: otr@umn.edu Web: onestop.umn.edu

Please print legibly. The required signatures in PART 3 and your own in PART 4 on page 2 must be in black or blue ink.

| PART 1. Student background | | | | | | | | | | | | |
|--|---|----------------------|----------------------------|--|-------------------------------|--|--|--|--|--|--|--|
| University ID If you have one. | Last four digits of SSN (optiona | *Name (last, | first, middle initial) | | Previous name (if applicable) | | | | | | | |
| | XXX - XX - | | | | | | | | | | | |
| *Birthdate (mm/dd/yyyy) | *Email address (list your Universative) | ersity email address | *Phone (include area code) | | | | | | | | | |
| *Current mailing address (street, apartment or P.O. box number, city, state, ZIP code, country) | | | | | | | | | | | | |
| *Term | | Year | Year | | | | | | | | | |
| ☐ fall semester | spring semester | 2023 | | | | | | | | | | |
| PART 2. Enrollm | nent | | | | | | | | | | | |
| | gister for classes by comp | leting the inforn | nation requeste | ed below. You ma | ay check class availability | | | | | | | |
| online at z.umn.edu/publicclasssearch. You must choose either A/F to get a grade or S/N for Satisfactory/Not Satisfactory | | | | | | | | | | | | |
| Course subject, numb | per, section (Arts 5001-001) | 5-digit class numl | per Credits | Grade basis (A-F or S/N) | rmission number (if required) | | | | | | | |
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| CANCELLATION | | | | | | | | | | | | |
| Course subject, num section (Arts 5001-0 | | | | urse subject, numbection (Arts 5001-00 | | | | | | | | |
| 5-digit class numb | er 5-digit class number | 5-digit class | s number 5 | -digit class number | 5-digit class number | | | | | | | |
| | | J [| | | | | | | | | | |

—IMPORTANT: You must get signatures in PART 3 and add your signature to PART 4 on page 3—







| PART 3. Departmental authorization | | | | | | | | | | | |
|---|--|---------------|-----------|---|----------------------|--------------------|----------|--|--|--|--|
| This will be completed by staff at the University's College of Education and Human Development. | | | | | | | | | | | |
| I his will be co | mpleted by staff at the UI | niversity | s Colle | ge of Eauc | ation and Hu | ıman Develop | ment. | | | | |
| 5-digit class number | igit class number Program (college) code (e.g., CLA=17) Tuition code | | | Sub-plan (for sp | ecial tuition rates) | Student group | | | | | |
| 5-digit class flumber | Trogram (conege) code (e.g., OLA-17) | 99 PRD 106 DI | | ' ' ' | S THHHFELLOW | | ☐SENIOR | | | | |
| | | | Phone | | | | | | | | |
| Name of authorized signer (please print) | | | | | | | | | | | |
| Authorized signer signature (e-signatures will not be accepted) | | | Date | | | | | | | | |
| Authorized signer signature (e signatures will not be decepted) | | | | | | | | | | | |
| L | | | <u> </u> | | | | | | | | |
| 5-digit class number | 5-digit class number Program (college) code (e.g., CLA=17) Tuition cod | | | Sub-plan (for special tuition rates) | | Student group | | | | | |
| | | | 06 DMS | MS BUSTAX LS HHHFELLOW | | CEGR HSCE SENIOR | | | | | |
| Name of authorized signer (please print) | | | | Phone | | | | | | | |
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| Authorized signer sign | nature (e-signatures will not be accepted) | | Date | | | | | | | | |
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| <u> </u> | <u> </u> | 1 | | 1 | | | | | | | |
| 5-digit class number | Program (college) code (e.g., CLA=17) Tuition code | | OG DMG | | ecial tuition rates) | Student group | | | | | |
| □99 PRD □ | | | 1 | 06 DMS BUSTAX LS HHHFELLOW CEGR HSCE SENIOR | | | | | | | |
| Name of authorized signer (please print) | | | Phone | | | | | | | | |
| | | | | | | | | | | | |
| Authorized signer signature (e-signatures will not be accepted) | | | | Date | | | | | | | |
| | | | | | | | | | | | |
| PART 4. Certi | ification | | | | | | | | | | |
| | | nurse(s) af | ter the v | vithdrawal de | adline has nas | sed I will receive | a 'W' on | | | | |
| I understand that if I choose to withdraw from course(s) after the withdrawal deadline has passed, I will receive a 'W' on my transcript and will still be responsible for any tuition costs. I understand I will receive no credit for courses for which | | | | | | | | | | | |
| | n audit grading option. I also u edits will be subject to the trans | | | | e these courses | s at another coll | ege or | | | | |
| Student signature (e-signatures will not be accepted) | | | | Date | | | | | | | |
| State in Signature (C Signatures will not be described) | | | | Bate | | | | | | | |
| | | | | | | | | | | | |
| OTR026 PAGE 3 of 3 04/22 | | | | | | | | | | | |
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| Don't forget to sign and date this credit request form! | | | | | | | | | | | |
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