

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 (optional) XXX - XX -	*Name (last, first, middle initial)	Previous name (if applicable)
*Birthdate (mm/dd/yyyy)	*Email address (list your University email address if it is currently active)	*Phone (include area code)	
*Current mailing address (street, apartment or P.O. box number, city, state, ZIP code, country)			
*Term <input type="checkbox"/> fall semester <input type="checkbox"/> spring semester <input type="checkbox"/> May/summer session		Year 2023 _____	

PART 2. Enrollment

REGISTRATION—Register for classes by completing the information requested below. You may check class availability online at z.umn.edu/publicclassearch.

[You must choose either A/F to get a grade or S/N for Satisfactory/Not Satisfactory](#)

Course subject, number, section (Arts 5001-001)	5-digit class number	Credits	Grade basis (A-F or S/N)	Permission number (if required)

CANCELLATION ☐ Check here to cancel all classes.

To cancel individual classes, give the information requested below for each class.

Course subject, number, section (Arts 5001-001)	Course subject, number, section (Arts 5001-001)	Course subject, number, section (Arts 5001-001)	Course subject, number, section (Arts 5001-001)	Course subject, number, section (Arts 5001-001)
5-digit class number	5-digit class number	5-digit class number	5-digit class number	5-digit class number

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



* O T R 0 2 6 *

The University of Minnesota is committed to the policy that all persons shall have equal access to its programs, facilities, and employment without regard to race, color, creed, religion, national origin, sex, age, marital status, disability, public assistance status, veteran status, or sexual orientation. This form is available in alternative formats upon request. Please call the Disability Resource Center at 612-625-9578.

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Please recycle

PART 3. Departmental authorization

This will be completed by staff at the University's College of Education and Human Development.

5-digit class number	Program (college) code (e.g., CLA=17)	Tuition code <input type="checkbox"/> 99 PRD <input type="checkbox"/> 06 DMS	Sub-plan (for special tuition rates) <input type="checkbox"/> BUSTAX <input type="checkbox"/> LS <input type="checkbox"/> HHHFELLOW	Student group <input type="checkbox"/> CEGR <input type="checkbox"/> HSCE <input type="checkbox"/> SENIOR
Name of authorized signer (please print)		Phone		
Authorized signer signature (e-signatures will not be accepted)		Date		

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Name of authorized signer (please print)		Phone		
Authorized signer signature (e-signatures will not be accepted)		Date		

PART 4. Certification

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 I have selected an audit grading option. I also understand that if I choose to use these courses at another college or university, the credits will be subject to the transfer policies of that institution.

Student signature (e-signatures will not be accepted)	Date
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Don't forget to sign and date this credit request form!