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

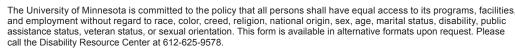
Email: otr@umn.edu Web: onestop.umn.edu

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