## University of Minnesota

## REGISTRATION REQUEST FOR GRADUATE CREDIT

Non-degree students

**DIRECTIONS**—Use this form if you are a non-degree student who is not actively enrolled in a University degree program; needs coursework to appear on a graduate level transcript; and are willing to pay the graduate tuition rate on all courses (both graduate and undergraduate) you take for the term.

You must complete all ields with an asterisk (\*) in PART 1 for identification and academic records purposes. Data privacy information is available at onestop.umn.edu/grades and transcripts/student records privacy.html.

**Before you cancel classes,** check the refund schedule at onestop.umn.edu/calendars/cancel\_add\_refund\_deadlines/. Unless you cancel during the 100 percent refund period, you will be required to pay a percentage of your tuition and fees.

As a non-degree student, you are required to pay your student account balance in full by the first billing due date or your enrollment may be canceled or charged a \$35 rebilling fee. By registering for classes you enter into a legally-binding contract to pay all tuition and fees, including any non-refundable fees. You will not receive a paper bill. An email notice will be sent to your University-assigned email account when your bill statement is online. Billing due dates are available at onestop.umn.edu/finances/pay/where\_when\_how/.

## REGISTRATION REQUEST FOR GRADUATE CREDIT

Non-degree students CARLA Summer Institute participants: Please email form to Karin Larson at larso205@umn.edu.

Return form:

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

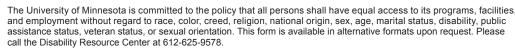
Email: otr@umn.edu Web: onestop.umn.edu

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	al) *Nan	ne (last, first	, middle in	nitial) Previous name (if applicable)								
	XXX - XX -					_							
*Birthdate (mm/dd/yyyy)	ersity email	y email address if it is currently			*Phone (include area code)								
*Current mailing address (street, apartment or P.O. box number, city, state, ZIP code, country)													
*Term		Year											
☐ fall semester	May/summ	ay/summer session				20 24							
PART 2. Enrollm	nent												
online at z.umn.edu/p			You <b>m</b>					check class availability					
Course subject, numb	per, section (Arts 5001-001)	5-digit cla	ss number	Credits		Grade basis (A-F or S/N)	Permi	ission number (if required)					
CI 5627: Creativity		(81540)		2									
CANCELLATION	Check here to cancel all o	classes.											
To cancel individual	classes, give the informati	ion reque	sted belov	v for eac	h cla	iss.							
Course subject, num section (Arts 5001-0		er, Cours	se subject, n			rse subject, nui		Course subject, number, section (Arts 5001-001)					
	Section (Alto Goot Go	1) 3000	Section (Arts 3001-001)			1001 (71100001	001)	300001 (A113 000 1 00 1)					
5-digit class numb	er 5-digit class number	5-d	igit class nu	mber	5-	digit class num	ber	5-digit class number					

—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 co	mpleted by staff at the Ur	niversity's	s Colle	ge of Education and H	uman Development.				
						•				
	5-digit class number	Program (college) code (e.g., CLA=17)	Tuition code		Sub-plan (for special tuition rates)	Student group				
			□ 99 PRD [	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							
						I a				
	5-digit class number	Program (college) code (e.g., CLA=17)	Tuition code	<b>1</b> 06 DMS	Sub-plan (for special tuition rates)  BUSTAX TLS THHHFELLOW	Student group				
	Name of authorized si	gner (please print)	Phone		The service of the se					
		3 (p. 2)								
Authorized signer signature (e-signatures will not be accepted)			Date							
	5-digit class number	Program (college) code (e.g., CLA=17)	Tuition code	_	Sub-plan (for special tuition rates)	Student group				
			99 PRD [	1	BUSTAX DLS HHHFELLOW	CEGR HSCE SENIOR				
Name of authorized signer (please print)					Phone					
Authorized signer signature (e-signatures will not be accepted)				Date						
	DADT 4 Corti	fication								
_	PART 4. Certi		nurse(s) af	ter the w	vithdrawal deadline has no	ssed I will receive a 'M' o				
Lunderstand 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.										
5	Student signature (e-signatures will not be accepted)				Date					
0	TR026 PAGE 3 of 3 04	4/22								
	Don't forget to sign and date this credit request form!									