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/.

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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

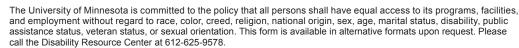
Email: otr@umn.edu Web: onestop.umn.edu

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) *Name (last,	first, middle initial)		Previous name (if applicable)							
	XXX - XX -											
*Birthdate (mm/dd/yyyy)	*Email address (list your Universative)	ersity email addres	*Phone (include area code)									
*Current mailing address (street, apartment or P.O. box number, city, state, ZIP code, country)												
*Term		Year										
☐ fall semester	☐ spring semester ☐	20 24										
PART 2. Enrollm	nent											
REGISTRATION—Register for classes by completing the information requested below. You may 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	ber, section (Arts 5001-001)	5-digit class num	ber Credits	Grade basis (A-F or S/N)	Permission number (if required)							
CI 5608 s.2: Project-	Based Language Learning	(86857)	2									
	Check here to cancel all o											
To cancel individual of	classes, give the informati	on requested b	elow for each cl	ass.								
Course subject, num section (Arts 5001-0				urse subject, num ction (Arts 5001-0								
5-digit class numb	er 5-digit class number	5-digit clas	s number 5	-digit class numb	er 5-digit class number							

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







I	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	-digit class number Program (college) code (e.g., CLA=17) Tuition co		06 DMS	Sub-plan (for special tuition rates) BUSTAX TLS THHHFELLOW	Student group			
	Name of authorized signer (please print)			Phone		The service of the se			
	Name of authorized signer (please print)			The first of the f					
Authorized signer signature (e-signatures will not be accepted)			Date						
<u> </u>									
	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			
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					
OTR026 PAGE 3 of 3 04/22									
	Don't forget to sign and date this credit request form!								