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

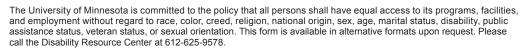
Email: otr@umn.edu Web: onestop.umn.edu

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.	sity ID If you have one. Last four digits of SSN (option			*Name (last, first, middle initial)			Previous name (if applicable)						
	XXX - XX -												
*Birthdate (mm/dd/yyyy)	email address if it	*Phone (include	*Phone (include area code)										
*Current mailing address (street, apartment or P.O. box number, city, state, ZIP code, country)													
*Term	Year	Year											
☐ fall semester	ummer session 20 24												
PART 2. Enrollm	nent				<u>'</u>								
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 det a grade or S/N for Satisfactory/Not Satisfactory													
Course subject, numb	Course subject, number, section (Arts 5001-001)		t class number	Credits	Grade basis (A-F or S/N)								
CI 5608 s.1: Secondary Dual Language Imm		(86	6856)	2									
CANCELLATION													
Course subject, num section (Arts 5001-0		er, (Course subject, no section (Arts 500		Course subject, number, section (Arts 5001-001)		Course subject, number, section (Arts 5001-001)						
5-digit class numb	er 5-digit class number	r	5-digit class nur	mber	5-digit class numb	er	5-digit class number						
		L											

—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 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		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								
						Ta						
	5-digit class number	Program (college) code (e.g., CLA=17)	Tuition code	TOE DMS	Sub-plan (for special tuition rates) BUSTAX LS HHHFELLOW	Student group	TSENIOD					
	Name of outborized ai				LIBOSTAX LIES LITTITI ELLOW	LICEGR LINGCE	_JSENIOR					
Name of authorized signer (please print)				Phone								
Authorized signer signature (e-signatures will not be accepted)				Date								
	5-digit class number	Program (college) code (e.g., CLA=17)	Tuition code	06 DMS	Sub-plan (for special tuition rates) BUSTAX LLS HHHFELLOW	Student group CEGR HSCE SENIOR						
Name of authorized signer (please print)			Phone									
Authorized signer signature (e-signatures will not be accepted)				Date								
_	DADT 1 Corti	ification										
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							
-	OTR026 PAGE 3 of 3 04/22											
	Don't forget to sign and date this credit request form!											