

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 fields 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) 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 20 24 _____ |
| 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) |
| CI 5627: Creativity | (81540) | 2 | | |
| | | | | |
| | | | | |
| | | | | |
| CANCELLATION <input type="checkbox"/> 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—



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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| | | | | |
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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 _____

Don't forget to sign and date this credit request form!