

## 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](https://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/](https://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/](https://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 <span style="border: 1px solid blue; padding: 2px;">If you have one.</span>  | Last four digits of SSN (optional)<br>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<br><input type="checkbox"/> fall semester <input type="checkbox"/> spring semester <input type="checkbox"/> May/summer session   |   |   |   | Year<br>20 24 ____                              |
| PART 2. Enrollment   |   |   |   |   |
| REGISTRATION—Register for classes by completing the information requested below. You may check class availability online at <a href="http://z.umn.edu/publicclassearch">z.umn.edu/publicclassearch</a> . |   |   |   |   |
| <span style="border: 1px solid blue; padding: 2px;">You must choose either A/F to get a grade or S/N for Satisfactory/Not Satisfactory</span>  |   |   |   |   |
| Course subject, number, section (Arts 5001-001)  | 5-digit class number  | Credits   | Grade basis (A-F or S/N)                        | Permission number (if required)                 |
| CI 5608 s.1: Secondary Dual Language Imm   | (86856)   | 2   |   |   |
|  |   |   |   |   |
|  |   |   |   |   |
|  |   |   |   |   |
| <b>CANCELLATION</b> <input type="checkbox"/> Check here to cancel all classes.<br>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<br><input type="checkbox"/> 99 PRD <input type="checkbox"/> 06 DMS | Sub-plan (for special tuition rates)<br><input type="checkbox"/> BUSTAX <input type="checkbox"/> LS <input type="checkbox"/> HHHFELLOW | Student group<br><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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| Name of authorized signer (please print)                        |                                       | Phone   |  |  |
| Authorized signer signature (e-signatures will not be accepted) |                                       | Date  |  |  |

|   |                                       |   |  |  |
|---|---------------------------------------|---|--|--|
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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!**