

Registration Form

UNIVERSITY OF MINNESOTA DULUTH

Continuing Education

104 Darland Administration Building
1049 University Drive
Duluth, MN 55812-3011
(218) 726-8808



(Please Print)

Student Information

All information on this form is private data. Items marked by an asterisk (*) are required; they will be used for identification and to establish your student record. The remaining items, including date of birth (if you are over 25 and not an international student) and Social Security Number, are voluntary and will be used for positive identification. Failure to provide voluntary information will have no effect on your registration.

SOCIAL SECURITY NUMBER

*U of MN I.D. NUMBER

DATE OF BIRTH

*LAST NAME

*FIRST NAME

*MI

*ADDRESS

*CITY

*STATE

*ZIP

HOME PHONE

WORK PHONE

GENDER

Male Female

Method of Payment

Option #1: Please bill my tuition to SAR (Student Accounts Receivable.) I understand that I will receive a bill in the mail from SAR. I will be responsible for all tuition and fees assessed.

Option #2: I would like to pay for my tuition by credit card. I understand that credit card payments **MUST BE MADE AT THE TIME OF REGISTRATION.**

Credit Card Number

Expires

Cardholder

Signature

Optional Fees:

The Minnesota Public Interest Research Group is a nonprofit, non-partisan organization that is funded and directed by students.

Yes, I want to pay MPIRG No, I do not want to pay MPIRG

The Student Legislative Coalition lobbies to express student views on University quality, affordability, and accessibility.

Yes, I want to pay SLC No, I do not want to pay SLC

I certify that the information I have provided is true to the best of my knowledge.

Signature

Date

Courses Requested

Year _____ Fall Semester Spring Semester May Session Summer Session

Subject Area Ex: Psy	Catalog # Ex: 1003	Section # Ex: 090	Class # (5-digit call #)	Title Ex: General Psychology
# of Credits _____ Grade Option <input type="checkbox"/> A-F <input type="checkbox"/> S-N <input type="checkbox"/> Auditor <input type="checkbox"/> undergrad or <input type="checkbox"/> grad (if grad, grad tuition must be paid)				

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Course Cancellations

Year _____ 9 Fall Semester 9 Spring Semester 9 May Session 9 Summer Session

Subject Area Ex: Psy	Catalog # Ex: 1003	Section # Ex: 090	Class # (Call #)	Title Ex: General Psychology

Please refer to your class schedule for refund policy.