

FALL / SPRING SEMESTER REGISTRATION FORM

UNIVERSITY OF MINNESOTA DULUTH

Continuing Education

104 Darland Administration Building

1049 University Drive

Duluth, MN 55811-3011

Phone: 218/726-8113 • Fax: 218/726-6925

Student Information (Please Print)

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 only. Failure to provide voluntary information will have no effect on your registration.

For office use only	
UGRD	GRAD
Career _____	Career _____
0999ndg51	0041PRD51 – Grad School
	0041PRD41MBA
	0041PRD48 Med
	DISC _____

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

RESIDENCY: State in which you claim legal residency _____

How did you learn about UMD's Continuing Education?

Advertisement Web site Family/friends Common knowledge Other _____

I will be taking these courses for **UNDERGRADUATE** credit

I will be taking these courses for **GRADUATE** credit. I understand that I will be charged graduate tuition rates

PAYMENT INFORMATION:

I will receive a bill via my UMD e-mail account from Student Accounts Receivable (SAR). Once I have retrieved my bill, I will have the option of making payments electronically from a United States bank account or with a credit card using UMPay, or in person at windows 11 and 12 in the Darland Administration Building lobby. I may also choose to mail my payment to: UMD Cashier's Office, 140 Darland Administration Building, 1049 University Drive, Duluth, MN 55812-3011.

If I pay with a credit card via UMPay, I understand that MasterCard, Discover/Novus, and American Express are accepted. VISA is not accepted. If I choose to pay with a credit card, I will be assessed a non-refundable 2.75 percent convenience fee.

COURSES REQUESTED

Year _____ Fall Spring

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)				

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)				

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)				

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)				

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)				

COURSE CANCELLATIONS

Please refer to a current term catalog for refund policy information.

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)				

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)				