

FALL/SPRING TERM 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.

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

EMAIL ADDRESS

RESIDENCY: State in which you claim legal residency _____

GENDER Male Female

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

IMPORTANT BILLING INFORMATION:

You will receive an email when your bill is ready to pick up, and you will be directed to a secure Web site to view and/or print your billing statement. **Transactions after the billing date will not be reflected until the following statement.**

To view the most up-to-the-minute transactions, you can go to www.d.umn.edu/students/ and click on "View Student Account History." Information is available at the UM Pay site, www.d.umn.edu/umdbo/umpay.html.

Tuition and fees for UMD's Fall or Spring Term are due in full by the first billing due date. If you do not pay, your registration(s) will be cancelled.

Please contact Continuing Education registration staff at 218/726-8113 or at the walk-up windows in the Darland Administration Building if you have any questions. For specific questions on your account balance and payment information, please call Student Accounts Receivable at 218/726-7190.

COURSES REQUESTED

Year _____ Term: Fall ___ Spring ___

Subject Area Ex: Psy	Catalog # Ex: 1003	Section # Ex: 090	Class # (5-digit call #)	Title Ex: General Psychology
ADD ___ DROP ___ # of Credits _____ Grade Option <input type="checkbox"/> A-F <input type="checkbox"/> S-N <input type="checkbox"/> Audit				
CE Use Only: <input type="checkbox"/> Enrolled <input type="checkbox"/> Req's Not Met <input type="checkbox"/> Class Full <input type="checkbox"/> HB Hold <input type="checkbox"/> Other <input type="checkbox"/> _____ / _____ NOTES: _____ Date initial				

Subject Area Ex: Math	Catalog # Ex: 1296	Section # Ex: 090	Class # (5-digit call #)	Title Ex: Calculus
ADD ___ DROP ___ # of Credits _____ Grade Option <input type="checkbox"/> A-F <input type="checkbox"/> S-N <input type="checkbox"/> Audit				
CE Use Only: <input type="checkbox"/> Enrolled <input type="checkbox"/> Req's Not Met <input type="checkbox"/> Class Full <input type="checkbox"/> HB Hold <input type="checkbox"/> Other <input type="checkbox"/> _____ / _____ NOTES: _____ Date initial				

Subject Area Ex: Soc	Catalog # Ex: 1101	Section # Ex: 090	Class # (5-digit call #)	Title Ex: Intro to Sociology
ADD ___ DROP ___ # of Credits _____ Grade Option <input type="checkbox"/> A-F <input type="checkbox"/> S-N <input type="checkbox"/> Audit				
CE Use Only: <input type="checkbox"/> Enrolled <input type="checkbox"/> Req's Not Met <input type="checkbox"/> Class Full <input type="checkbox"/> HB Hold <input type="checkbox"/> Other <input type="checkbox"/> _____ / _____ NOTES: _____ Date initial				

Subject Area Ex: Educ	Catalog # Ex: 3412	Section # Ex: 090	Class # (5-digit call #)	Title Ex: The Computer in Education
ADD ___ DROP ___ # of Credits _____ Grade Option <input type="checkbox"/> A-F <input type="checkbox"/> S-N <input type="checkbox"/> Audit				
CE Use Only: <input type="checkbox"/> Enrolled <input type="checkbox"/> Req's Not Met <input type="checkbox"/> Class Full <input type="checkbox"/> HB Hold <input type="checkbox"/> Other <input type="checkbox"/> _____ / _____ NOTES: _____ Date initial				

Subject Area Ex: Comp	Catalog # Ex: 1120	Section # Ex: 090	Class # (5-digit call #)	Title Ex: College Writing
ADD ___ DROP ___ # of Credits _____ Grade Option <input type="checkbox"/> A-F <input type="checkbox"/> S-N <input type="checkbox"/> Audit				
CE Use Only: <input type="checkbox"/> Enrolled <input type="checkbox"/> Req's Not Met <input type="checkbox"/> Class Full <input type="checkbox"/> HB Hold <input type="checkbox"/> Other <input type="checkbox"/> _____ / _____ NOTES: _____ Date initial				