

REGISTRATION AND CANCEL/ADD REQUEST

DIRECTIONS

By registering for classes you enter into a legally-binding contract to pay all tuition and fees, including any non-refundable fees. See Tuition and billing rates at onestop.umn.edu/finances/costs_and_tuition/tuition_and_fees/index.html for additional information.

You must complete all fields with an asterisk (*) in PART 1, for identification, admission, and academic records purposes. The remaining fields are used for positive identification, advising, course placement, and institutional research. Data privacy information is available at onestop.umn.edu/grades_and_transcripts/student_education_records_policy.html.

Before you cancel classes, check the refund schedule at onestop.umn.edu/calendars/cancel_add_refund_deadlines/index.html. Unless you cancel during the 100 percent refund period, you will be required to pay a percentage of your tuition and fees.

Important: If you are a financial aid recipient who is withdrawing from all of your classes, contact a One Stop counselor to understand the consequences to your aid eligibility.

To ensure privacy online, open in Adobe Reader (free at Adobe.com). Print a copy after you complete the fields on page 1 before continuing on page 2. Please use blue or black ink to add the required signature in PART 4.

Return this form to
One Stop Student Services

By U.S. Postal Service mail
One Stop Student Services Center
University of Minnesota, Twin Cities
130 Coffey Hall
1420 Eckles Ave.
St. Paul, MN 55108

In person on campus
200 Fraser Hall, East Bank
130 West Bank Skyway, West Bank
130 Coffey Hall, St. Paul

By fax
612-626-0008

Questions?
Phone: 612-624-1111
TTY (hearing-impaired): 612-626-0701
E-mail: helpingu@umn.edu

PART 1. Student background				
University ID or Social Security number		*Name (first, middle initial, last)		
*Birth date (00/00/0000)	*Former name (first, middle initial, last)	Day phone (area code)	Cell/eve phone (area code)	
*Current address (street, apartment number or P. O. box number, city, state, Zip Code, country)			E-mail address	
Term <input type="checkbox"/> Fall semester <input type="checkbox"/> Spring semester <input type="checkbox"/> May/summer term		Year 20 ____	Gender <input type="checkbox"/> male <input type="checkbox"/> female	
College of enrollment or degree program (if currently admitted)		Enrollment status (check one) <input type="checkbox"/> undergraduate <input type="checkbox"/> graduate <input type="checkbox"/> professional		

PART 2: Enrollment

REGISTRATION—Register for classes by completing the information requested below. Include second-choice classes in case your first choices have closed. You may check class availability online at onestop.umn.edu/registration/prepare/selection_tools/index.html.

First choice

Second choice

Course subject, number, section (Arts 1101-001)	5-digit class number	Credits	Grade basis A-F or S/N	Permission number (if required)	Course subject, number, section (Arts 1101-001)	5-digit class number	Credits	Grade basis A-F or S/N	Permission number (if required)

CANCELLATION Check here to cancel all classes.

To cancel individual classes, give the information requested below for each class.

Course subject, number, section (Arts 1101-001)	Course subject, number, section (Arts 1101-001)	Course subject, number, section (Arts 1101-001)	Course subject, number, section (Arts 1101-001)	Course subject, number, section (Arts 1101-001)
5-digit class number	5-digit class number	5-digit class number	5-digit class number	5-digit class number

IMPORTANT: Go to PARTs 3 and 4 on page 2 to complete this form.



* O T R O 2 2 *

The University of Minnesota is committed to the policy that all persons shall have equal access to its programs, facilities, and employment without regard to race, color, creed, religion, national origin, sex, age, marital status, disability, public assistance status, veteran status, or sexual orientation. This form is available in alternative formats upon request. Please call the One Stop liaison for Disability Services at 612-625-9578.

PART 3: Billing and payment

You will be billed electronically for tuition and fees. You will not receive a paper bill. An e-mail notice will be sent to your University-assigned e-mail account after the term begins when your bill is ready to be viewed on UM Pay, the University's on-line billing and payment system. Although you receive no credits for audited classes, credit equivalents will be included in the tuition and fees assessment. Bill due dates are available online at onestop.umn.edu/finances/pay/where_when_how/index.html.

PAYMENT IN FULL

If you are a non-degree student (not currently admitted to a degree program), you are required to pay the balance due in your University student account in full by the first billing due date for the term or your enrollment *will be canceled*.

HOSPITALIZATION INSURANCE

If you are a degree-seeking student enrolled for 6 or more credits (3 or more for May/summer term), you are required to carry hospitalization insurance. If you already have hospitalization insurance, please complete the information requested or enter the information online before the end of the second week of the term on the Hospitalization Insurance Quick Link at onestop.umn.edu. See www.bhs.umn.edu/insurance/twincities/other.htm for more information.

Check the appropriate box below.

- I do not have hospitalization insurance and would like to enroll in the University-sponsored Student Health Benefit Plan.
- I have hospitalization insurance from the provider named below.

Company name of hospitalization insurance provider	Provider's phone number (area code)	Member ID number
--	--	------------------

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 wish to use these courses at another college or university, they are subject to the transfer policies of that institution.

Student's signature	Date
---------------------	------